



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Richard J. Visingardi, Ph.D, Director

October 21, 2003

MEMORANDUM

To: Legislative Oversight Committee Members
MH/DD/SAS Commission
Consumer/Family Advisory Committee Chairs
Advocacy Organizations and Groups
North Carolina Association of County Commissioners
County Managers
North Carolina Council of Community Programs
Area Program Directors
Area Program Board Chairs
Provider Organizations
MH/DD/SAS Professional Organizations and Groups
MH/DD/SAS Stakeholder Organizations and Groups
Other MH/DD/SAS Stakeholders

From: Richard J. Visingardi, Ph.D.

**Re: Communication Bulletin # 012
Reorganization Update**



One of our assignments as part of reform of the statewide mental health, developmental disabilities and substance abuse services system was to complete a Division reorganization and restructuring to better position ourselves to lead the changed system. Accomplishing this has been a multi-faceted project involving collaboration from numerous people and systems. I am pleased to report that Division restructuring is complete. Under the new organizational structure we have made functional assignments that conform to the needs of the new system. Staff members have been reassigned and are taking on different responsibilities, and we are ready to move forward in implementing reform.

This *Communication Bulletin* is meant to share a range of information about the restructured Division so that everyone understands how the Division is organized and how it is intended to function. Documents/links being sent along with this memo are:

- An updated discussion of the Division's reorganization. ([On the web](#)) (reorgsummary-10-1-03.pdf)
- A description of the responsibilities of each section and team ([On the web](#)) (assignment-of-functions9-25-03.pdf).
- A division directory ([On the web](#)).
- An overview of the Division's structure. ([On the web](#)) (2003-division-legislative-overview.pdf).

I hope that this information is helpful and that you will use it as we work together for mental health developmental disabilities and substance abuse services reform in North Carolina.



cc: Secretary Carmen Hooker Odom
Lanier Cansler
James Bernstein
Mark Van Sciver
MH/DD/SA Staff



**North Carolina
Department of Health and Human Services**

**Division of Mental Health, Developmental Disabilities
and Substance Abuse Services**

Organizational Structure

October 1, 2003

**NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure
(10/1/03)**

INTRODUCTION

The purpose of this document is to provide detail regarding the Divisions organizational structure for State Fiscal Year 2003/2004 (SFY 03/04). This is intended to provide a planned guide for the advancement of the State Plan and reform efforts. The Division's strategic outcomes, which will be developed as part of a comprehensive Strategic Plan will go through a planned process of comprehensive examination and modification on an annual basis with a revised plan presented at the onset of each state fiscal year (July 1st.).

This document is organized into "ends"-- where we are trying to go, and "means"-- how we intend to get there. These are organized into four major sections, as follows:

- **Ends**
 - Section 1.0 is the Mission, Guiding Principles and Vision as taken directly from State Plan 2003. This is the core foundation that ultimately guides all efforts of the Division.
 - Section 2.0 outlines the Strategic Expectations as derived from State Plan 2003 and further defined into efforts, products and deliverables in the Operations Plan 2003 as well as the Organization Team work plans. The strategic expectations are intended to promote and advance the Mission, Guiding Principles and Vision of the Division.
- **Means**
 - Section 3.0, Division Member Expectations, provides an overview of the fundamental expectations of all Division members (staff).
 - Section 4.0, Division Organization, provides detail regarding the organizational structure of the Division.

In summary, the organization-- the Division-- is the key "means" to the ultimate "end". The "end" is the achievement of the purpose, intent and expectations of the state reform and plan.

Organizational structure illustrations are offered at the end of the document.

1.0 Mission, Guiding Principles and Vision

The strategic outcomes and Organizational Structure are bound to the mission, guiding principles and vision of the State Plan. The State Plan 2003 states the Mission, Guiding Principles and Vision as follows:

1.1 Mission Statement

North Carolina will provide people with, or at risk of, mental illness, developmental disabilities and substance abuse problems and their families the necessary prevention, intervention, treatment, services and supports they need to live successfully in communities of their choice.

1.2 Guiding Principles

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

- Treatment, services and supports to individuals and their families shall be appropriate to needs, accessible and timely, consumer-driven, outcome-oriented, culturally and age appropriate, built on individual strengths, cost effective and reflect best practice.
- Research, education and prevention programs lower the prevalence of mental illness, developmental disabilities and substance abuse; reduce the impact of stigma, and lead to earlier intervention and improved treatment.
- Services should be provided in the most integrated community setting suitable to the needs and preferences of the individual and planned in partnership with the individual and/or family.
- Individuals should receive the services needed based on a person-centered plan and in consideration of any legal restrictions, varying levels of disability, and fair and equitable distribution of system resources.
- System professionals will work with individuals and their families to help them get the most from services.
- Services shall meet measurable standards of safety, quality and clinical effectiveness at all levels of the mental health, developmental disabilities and substance abuse system and shall demonstrate a dedication to excellence through the adoption of a program for continuous quality improvement.
- All components of the mental health, developmental disability and substance abuse system shall operate efficiently.

1.3 Vision

- Public and social policy toward people with disabilities will be respectful, fair and recognize the need to assist all that need help.
- The state's service system for persons with mental illness, developmental disabilities and substance abuse problems will have adequate, stable funding.
- Systems elements will be seamless: consumers, families, policymakers, advocates and qualified providers will unite in a common approach that emphasizes support, education/training, rehabilitation and recovery.
- All human services agencies that serve people with mental illness, developmental disabilities and/or substance abuse services will work together to enable consumers to live successfully in their communities.
- Consumers will have:
 - Meaningful input into the design and planning of the service system.
 - Information about services, how to access them and how to voice complaints.
 - Opportunities for employment in the system.
 - Easy, immediate access to appropriate services.
 - Educational, employment or vocational experiences that encourage individual growth, personal responsibility and enjoyment of life.
 - Safe and humane living conditions in communities of their choice.
 - Reduced involvement with the justice system.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

- Services that prevent and resolve crises.
- Opportunities to participate in community life, to pursue relationships with others and to make choices that enhance their productivity, well being and quality of life.
- Satisfaction with the quality and quantity of life.
- Access to an orderly, fair and timely system of arbitration and resolution.
- Providers and managers will have:
 - Opportunity to participate in the development of a state system that clearly identifies target groups, core functions and essential service components.
 - Access to an orderly, fair and timely system of arbitration and resolution.
 - Documentation and reimbursement systems that are clear, that accurately estimate costs associated with services and outcomes provided and that contain only those elements necessary to substantiate specific outcomes required.
 - Training in services that are proven.

2.0 STRATEGIC EXPECTATIONS

It is critical to recognize that a strategic plan derived from the substance of the mission, guiding principles and vision is intended to guide the Division's efforts over the course of the strategic plan cycle. The vision, guiding principles and mission are what the substance of the organization is all about-- where we are going, what we are dedicated to do and what we adhere to in all of our efforts. This foundation is then embedded into measurable strategic outcomes that ultimately guide all of the discrete workings of the organization. Therefore, the structure of the organization and the description of the efforts of the organization are intended to promote the expectations articulated in the vision, guiding principles and mission as made measurable in the strategic outcomes-- the consistency between what the Division is directed to do and what it does. Additionally, each strategic outcome is like an individual instrument is to a band-- pieces that come together as a whole.

Rather than strategic outcomes, strategic expectations are presented in this section. These are elementary and preliminary. This is intended to guide the focus, early development and implementation of the re-organization. With our initial developments of the re-organization, our learning process, and as part of the SFY 2004/2005 planning efforts, a comprehensive strategic plan will be developed. Therefore, what is offered here is a bridge to planning that will begin shortly. This process will initiate in January 2004 and will be completed by July 2004. This includes an evaluation of the organization in order to make necessary adjustments.

The broad-based and initial strategic expectations are interested in *advancing exemplary developments* in the following areas:

- Division operations.
- State-operated services.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

- Community systems' community, administrative, management and clinical practice.
- Support, service and treatment models of practice.
- Consumer and community focus, direction and control.

3.0 DIVISION MEMBER EXPECTATIONS

In order to provide fundamental guidance as to the manner in which the Division is to operate, each Division member is provided with a job description that outlines core competencies and expectations for job assignment. However, there are six core competencies required of all staff members of the Division. These are described in the following sections as:

- Public practice foundations
- Division foundations
- Bounded freedom
- Chain of accountability
- Stakeholder involvement
- Team environment

All efforts (customer service, problem identification and solving, decision making, services, products, outcomes, as key examples) of the Division and its members must meet the fundamental "test" inherent in public practice foundations, Division foundations, bounded freedom, the chain of accountability, stakeholder involvement and a team environment.

The descriptions and definitions presented in the following sections are over-simplifications of the complex concepts of public practice foundations, Division foundations, bounded freedom, the chain of accountability and a team environment. These core competencies deserve much more attention and will be included as part of ongoing dialog and learning experiences for Division members.

3.1 Public Practice Foundation

As a foundation of practice, all public administrators (members of a public system) are expected to equally and competently demonstrate loyalty, honor and integrity toward the fundamental concepts of social justice, economic efficiency and public accountability.

Public Practice Foundation	Loyalty - Honor - Integrity
Social Justice - Economic Efficiency - Public Accountability	As members of a public system responsible for implementing and managing public policy, all efforts are expected to reflect loyalty, honor and integrity to the principles of social justice, economic efficiency and

**NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure
(10/1/03)**

	public accountability.
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The concepts identified in the matrix above are defined briefly as follows:

- **Loyalty** - The need to be faithful to our duty of continuous commitment to the concepts of social justice, economic efficiency and public accountability.
- **Honor** - The need to be respectful of our duty to be dutiful to the concepts of social justice, economic efficiency and public accountability.
- **Integrity** - The need to be true to our duty to be passionately accurate toward the concepts of social justice, economic efficiency and public accountability.
- **Social justice** - Promoting equality for people to live with opportunities, rights, responsibilities and protections that are afforded all citizens.
- **Economic efficiency** - Promoting the use of resources in a manner that ensures the greatest potential return on investments.
- **Public accountability** - Promoting government operations in the public interest, the public eye, and responsible to the public.

3.2 Division Foundations

The Division's mission, guiding principles and vision are a more discrete and relevant practical description of the broad concepts of social justice, economic efficiency and public accountability. All members of the Division are expected to competently demonstrate commitment, learning and practice related to the mission, guiding principles and vision of the Division.

Division Foundations	Commitment	Learning	Practice
Mission - Guiding Principles - Vision	As a member of the Division, all efforts reflect a true commitment to the mission, guiding principles and vision.	As a member of the Division, there is a continuous desire and effort to more fully learn the meaning of the mission, guiding principles and vision.	As a member of the Division, all efforts are intended to promote and advance the mission, guiding principles and vision.

The concepts presented in the matrix above are defined briefly as follows:

- **Commitment** - This is our *heart*. Members of this Division must have absolute and growing belief and faith in the Division's vision, mission and principles/values.
- **Learning** - This is our *head*. Members of this Division must continuously acquire new knowledge and understanding of the Division's vision, mission and principles/values.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

- **Practice** - This is our *hands*. Members of this Division must demonstrate their commitment and learning through applied practice that is reflective of and consistent with the Division's vision, mission and principles/values.
- **Mission** - A statement that serves as a description of what the Division is ultimately committed to pursue and advance.
- **Principles/values** - A series of statements that provide fundamental boundaries and guides for Division practices.
- **Vision** - A statement or statements serving as a beacon toward which the Division continuously strives.

3.3 Bounded Freedom

The concept of *bounded freedom* provides members of the Division an understanding of how each of us and all of us carry out our roles, responsibilities and work efforts. It defines the boundaries in which all efforts-- including problem solving, decision-making and practice-- must occur. Along with adherence to public practice and Division foundations, each member of the Division is required to demonstrate that all efforts are derived from knowledge and are legal and ethical and reflective of the most appropriate, accountable and efficient use of resources. Additionally, each and every member of the Division must demonstrate that all efforts are consistent with planned strategic outcomes, tactical outcomes, tasks and methods.

Bounded Freedom	Strategic Outcomes	Tactical Outcomes	Tasks	Methods
Knowledge – Laws - Ethics – Resources	Each strategic outcome will be developed, implemented and managed in a manner that is consistent with and supportive of all strategic outcomes and is knowledge-driven, adheres to legal and ethical considerations and reflects the best use of resources.	Each tactical outcome will be developed, implemented and managed in a manner that is consistent with and supportive of a particular strategic outcome as well as the corresponding set of tactical outcomes for said strategic outcome and is knowledge driven, adheres to legal and ethical considerations and reflects the best use of resources.	Each task will be developed, implemented and managed in a manner that is consistent with and supportive of a particular tactical outcome as well as the corresponding set of tasks for said tactical outcome and is knowledge driven, adheres to legal and ethical considerations and reflects the best use of resources.	Methods will be developed, implemented and managed in a manner that is consistent with and supportive of a particular task as well as the corresponding set of methods for said task and is knowledge driven, adheres to legal & ethical considerations and reflects the best use of resources

The concepts presented in the matrix above are defined briefly as follows:

- **Knowledge** - Intended efforts to learn, particularly those derived from credible empirically based, theory building and policy analysis literature. Knowledge also includes personal experiences and perspectives-- particularly as related to input from consumers.
- **Laws** - Legislative statutes and administrative regulatory direction through rules, policies and procedures and judicial direction and instruction.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

- **Ethics** - Professional and community standards of expected behavior and practice. Personal morality is not the same as ethics.
- **Resources** - Human, technical, physical and financial resources allocated and available.
- **Strategic Outcomes** - A set of planned interrelated broad-based statements of measurable efforts or products that are intended to provide evidence of achievements related to the Division's mission, guiding principles and vision as derived from the strategic plan. Strategic outcomes are static-- they are broad-based therefore sufficiently flexible to accommodate the acquisition of new knowledge, changes in legal requirements, changes in ethical perspectives and/or changes in resource availability. Strategic outcomes are established and evaluated on a planned periodic basis. Strategic outcomes are the ultimate planned "ends". They are monitored on a routine basis to determine the ultimate achievements of the organization.
- **Tactical Outcomes** - For each strategic outcome, a set of planned measurable interrelated outcomes necessary for the achievement of each strategic outcome. Tactical outcomes remain relatively static-- changes occur typically as a means of clarification or better direction. They are typically broad-based enough to accommodate the acquisition of new knowledge, changes in legal requirements, changes in perspectives regarding ethical considerations and/or changes in resource availability. Tactical outcomes are "ends"; however, they each are only a partial "end" with the strategic outcome they support as the ultimate "end". They are monitored on a routine basis to determine achievements necessary to provide information regarding the ultimate achievements of the organization.
- **Tasks** - For each tactical outcome, a series of planned interrelated activities and efforts intended to help achieve a particular tactical outcome. Tasks are typically dynamic-- they are designed in a flexible manner in order to continuously seek improved effectiveness and efficiencies. Changes typically are related to the new and better knowledge acquired and competencies are gained in the effort of pursuing the task. Tasks are also altered by changes in legal requirements, ethical perspectives and/or resource availability. Tasks are "means"-- they are a way to reach an "end". They are examined on an on going as part of the pursuits in the routine work environment to ensure continuity of fit with the corresponding tactical outcome with the intent of continuously improving effectiveness and efficiency.
- **Methods** - For each task, a series of planned sequential steps intended to help accomplish a particular task. Methods are dynamic-- they are designed in a flexible manner in order to continuously seek improved effectiveness and efficiencies. Changes typically are related to the new and better knowledge acquired and competencies are gained in the effort of pursuing the sequential steps inherent in methods. Methods are also altered by changes in legal requirements, ethical perspectives and/or resource availability. Methods are "means"-- they are a way to achieve a particular task necessary to reach an "end". They are examined on an on going as part of the pursuits in the routine work environment to ensure continuity of fit with the corresponding task with the intent of continuously improving effectiveness and efficiency.

3.4 Chain of Accountability

The concept of bounded freedom initiates an understanding of the *chain of accountability*. The chain of accountability speaks to what each and every Division member is held individually fully and solely accountable for. This allows each and every Division member a fundamental understanding of what they are held accountable for as well as how it fits into the Division as a whole. In addition, the chain of accountability allows for defining the bounded area of empowerment for each and every member of the Division. This allows for each and every Division member a fundamental understanding of the relationship and interdependent nature of responsibilities.

The following are brief descriptions of the four bounded areas:

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

- **Director:** The director is held fully and solely accountable for the strategic outcomes. The director pursues and advances the strategic outcomes through the process of delegating responsibilities to members of the executive leadership for developing tactical outcomes necessary for the achievement of the strategic outcomes. The process involves the director and members of the executive leadership negotiating and managing a set of tactical outcomes for each strategic outcome. The director is then responsible for supporting the efforts of the executive leadership by teaching, modeling, directing, coaching and supporting through an ongoing communication process. The director directly intervenes in the efforts of the executive leadership only as it relates to any inconsistencies of efforts as related to public practice foundations, Division foundations and/or strategic outcomes. "Intervenes" is defined ranging from bringing the issue to the attention of the executive leadership member for clarification and/or modification of effort to imposing corrective actions required.
- **Executive Leadership:** Members of the executive leadership are held fully and solely accountable to the director or deputy director (as individually assigned in the organizational structure) for the tactical outcomes. Members of the executive leadership pursue and advance the tactical outcomes through the process of delegating responsibilities to members of the management leadership for developing tasks necessary for the achievement of the tactical outcomes. The process involves members of the executive leadership and management leadership negotiating and managing tasks for each tactical outcome. The members of the executive leadership are then responsible for supporting the efforts of the management leadership by teaching, modeling, directing, coaching and supporting through an ongoing communication process. Members of the executive leadership directly intervenes in the efforts of the management leadership only as it relates to any inconsistencies of efforts as related to public practice foundations, Division foundations and/or tactical outcomes. "Intervenes" is defined ranging from bringing the issue to the attention of the management leadership member for clarification and/or modification of effort to imposing corrective actions required.
- **Management Leadership and Team Members:** Members of the management leadership are held fully and solely accountable to the members of the executive leadership (as individually assigned in the organizational structure) for tasks. Members of the management leadership pursue and advance the tasks through the process of delegating responsibilities to team members (as individually assigned in the organizational structure) for developing methods necessary for pursuing the tasks. The process involves members of the management leadership and team members negotiating and managing methods for each task. The members of the management leadership are then responsible for supporting the efforts of the team members by teaching, modeling, directing, coaching and supporting through an ongoing communication process. Members of the management leadership directly intervene in the efforts of the team members only as it relates to any inconsistencies of efforts as related to public practice foundations, Division foundations and/or tasks. "Intervenes" is defined ranging from bringing the issue to the attention of the team member for clarification and/or modification of effort to imposing corrective actions required.

The following are key considerations in understanding boundaries and accountability:

- **Empowerment:** This concept is sometimes mistaken for meaning everyone should be allowed to work completely unrestricted. This definition fails on three key counts. First, there simply would be nothing to bind the organization together, give it a unified purpose and define planned efforts and outcomes. Second, there would be no mechanism to determine who should be held accountable to whom or for what. Third, development of needed competencies would be elusive. The concept of empowerment is defined as informing individuals as to what they are held accountable for, and supporting individuals who demonstrate competencies for what they are being held accountable and for the freedom to pursue their efforts. This freedom for Division members who fail to demonstrate necessary competencies will be restricted while they are provided reasonable individualized development opportunities-- particularly in

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

applied practice-- so that they may become fully competent. Exemplary competencies result in a great deal of freedom and the ultimate achievement of the most effective and efficient "means to the end".

- **"Bottom-to-Top":** Maintaining strategic and tactical outcomes as broad-based "ends" is intended to allow Division members responsible for the "means to the end" to continuously develop and manage the best path to get the Division to where it is trying to go. In addition, during the strategic and tactical planning stages, all Division members will have input.
- **Managing Change:** In an organization going through major planned change, the boundaries between strategic, tactical, task and methods become blurred. This is attributed to the organization learning new expectations in waters that may not be well charted. In addition, when systems the organization has an interdependent relationship are also going through major changes, the blurring of these lines become even more of a problem. Finally, in such an environment of change, some situations and crises may have strategic implications that would be most likely routine in times of relative stability. Therefore, as the Division embraces change, each and every Division member will need to be patient and flexible-- boundaries as well as expectations will be an unfolding and learning process. Human kindness and fairness (non-assumption based, empathic, assertive and direct styles) would be beneficial to us all. Also, and most importantly, remember that the greatest challenge in a change environment is internal to each and every one of us.

3.5 Stakeholder Involvement

The Division is expected to include the involvement of stakeholders. There are a variety of types of stakeholders, each bringing particular expertise, knowledge, information, perspectives and interests. In summary, there are four types of stakeholders:

- **Institutions of government:** These are the systems that are recognized as the ultimate legitimate representatives of the citizens-- the federal, state and local administrative, legislative and judicial branches of government. These systems formulate, implement and monitor intended beneficiary oriented public policy to ensure and promote social justice, citizen equity, economic efficiency and public accountability. These systems are each bound in responsibility and authority. These systems include ultimate leaders-- citizen elected individuals and bodies-- and appointed leadership. These systems also employ individuals in roles of public service.
- **Department:** As a part of the administrative branch of state government and as a sub-unit of the Department, the Division is accountable to the Department. In addition, the Department provides a variety of expertise and resources that are intended to support the efforts of the Division.
- **Intended beneficiaries:** These are consumers, family members and communities. As a collective, these stakeholders are whom public policy intends to benefit.
- **Residual beneficiaries:** These are individuals, groups and systems that benefit, typically economically, as a result of public policy. These stakeholders are recognized and rewarded for their efforts but are not whom public policy is intended to benefit.

The distinctions of these stakeholder types are necessary to understand issues of accountability as well as interests and conflicts that may arise. Additionally, some of these stakeholders may find themselves in multiple categories.

3.6 Team Environment

The Division is organized into "teams". However, these teams are really an assembly of individuals with a particular substantive and technical area of expertise. By themselves, these teams are unable to function in a manner that will promote necessary achievements. It is

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

only when each of these teams, using their expertise, work collaboratively with other teams that necessary achievements will occur. The Division is actually a team matrix recognizing that in order to accomplish anything we rely on each other.

In addition to the teams internal to the Division, there are other actors that need to be involved. These actors-- or "stakeholders" and "stakeholder systems"-- typically include the Department, other public entities, consumers and family members, advocates, academicians, providers and managers. "Involvement" includes consultation, collaboration and coordination roles.

The Division is committed to a "team environment". This is related to both the inclusion of Division members as well as a variety of stakeholders external to the Division. The term "teams" have several implications, as follows:

- **Relationships:** At the heart of a team are relationships. Regardless if it is a simple routine work effort involving a connection to a co-worker or if it is a formal defined work group pursuing a major effort, the relationships will ultimately affect any effort. Relationships need to be open, honest, accommodating and embrace differences. In addition, human kindness and fairness -- non-assumption based, empathic, assertive and direct styles-- guide relationships through conflict resolution and problem solving.
- **Formal Teams:** The organizational structure defines the Division as a set of "teams"-- as executive leadership and management leadership as well as chiefs and team leaders. Long term or ad hoc teams also emerge which may include Division members as well as stakeholders external to the Division. These teams would have a defined purpose.
- **Structure for Teams:** "Structure" involves a clear understanding of purpose. This includes identifying an intended outcome and timelines, necessary membership, required support and roles and responsibilities. "Necessary membership" is related to all stakeholders-- internal as well as external-- that need to be involved. This includes individuals who may need to be part of the team as routine as well as individuals who are brought into the team in a consultative capacity regarding specific interest, substantive or technical needs of the team. A single Division member is held accountable for the team's efforts and/or products.

"Structure" is also related to the manner that a particular effort is approached-- from the start through completion or as part of a planned evolution of the particular effort at hand. Sometimes more structure may be required. This may include review and input of partial or full draft products rather than a team building something from scrap. This may be most useful when there are like products in existence. Sometimes less structure is required. This may include the establishment of a particularly clear and tight statement of expected outcome, boundaries and timelines. This may be most useful when the parameters for the end are well known and it involves more time researching for developing the team product as information exists and is readily available. Sometimes there is very limited structure. This may be most useful when a team is brainstorming and developing a perspective regarding a particular issue or effort where there is limited information available outside of what the members of the group bring forth.

- **Information:** Information is made up of several different sources. It is what I "know" personally. Each member of a team brings a personal understanding of the issue. It is what I have "heard" from others, particularly real or perceived experts in the issue area. This may include what someone has told me, what I have read and/or what I have been told second (or more) hand. It is what I have "seen". This involves an "empirical inventory" of my personal experiences. All of these have importance in considering when working on a particular issue. However, each of these is also limited, as they do not provide the methodological requirements of systematic empirical investigation. What we learn in this approach is essential for pursuing a team effort. Of course, methodological considerations also create limitations in pursuing a particular effort. We simply need to keep in mind all of the strengths and limitations of each source of information as well as respect each "messenger".

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

It should also be noted that the concept of "team" does not automatically assume "meetings". Meetings are conducted only when a collection of any or all members of a team requires such a gathering. Meetings are a "means" to an "end"-- the efforts and/or products. Teams are really about relationships that seek and pursue a common goal.

3.7 Development of Division Member Expectations

The information contained in sections 3.1 through 3.6 of this document represent oversimplifications. In order to fully inform and develop the competencies of Division members regarding these fundamental expectations, initial and ongoing learning opportunities will be provided. This includes on-the-job opportunities to provide evidence of applying these expectations. Additionally, Division staff members will receive guidance regarding the following practice expectations (this is an initial list):

- Strategic Planning: Developing, implementing and managing strategic outcomes, tactical outcomes, tasks and methods.
- Leadership styles for directing, modeling, teaching, coaching and supporting.
- Responsibilities for receiving and transmitting communication.
- Individual responsibilities in a team environment.
- Team building.
- Assertiveness.
- Customer service.
- Conflict resolution.
- Problem solving.
- Total quality management practices.
- Cultural proficiency.

Along with the performance expectations named above, development efforts for Division staff members will focus on individual job requirements and performance expectations as included in the state's Performance Management System (PMS).

4.0 DIVISION ORGANIZATION

The mission, guiding principles and vision provide direction and boundaries necessary for the development of strategic plan areas. The strategic plan areas provide direction for the organization of resources. The fundamental expectation of the organization provides the framework for the manner in which the Division is to operate. Therefore, we ultimately arrive at the organizational structure-- the distribution and alignment of resources and the identification and delegation of expectations, roles and responsibilities.

A set of organizational structure illustrations are offered as an **attachment to this document**.

4.1 Director's Office

The Director's Office is concerned with matters of leadership. Leadership is defined as:

**NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure
(10/1/03)**

- Providing strategic direction and oversight that is advanced through relationships and dialog with Division members and other stakeholders.
- Problem solving and making and communicating strategic decisions.

The membership of the Director's Office is as follows:

Position	FTE
Director	1.0
Deputy Director	1.0
Chief of Clinical Policy	1.0
Support	2.0
Total	5.0

FTE: Full Time Equivalent (40 hours per week)

The roles and responsibility of the members of the Directors Office are as follows:

- **Director:** The Director is held fully and solely accountable for all strategic outcomes of the Division and ultimately accountable for the individual and collective actions and efforts of all Division members and contract vendors, public and publicly sponsored specialty supports, services, community entities, organizations, firms, systems and individuals. The Director is accountable to the DHHS Assistant Secretary of Health. The Director pursues expectations and demonstrates competencies through leadership - the practice of making and communicating decisions intended to engage people in planned efforts to pursue Division expectations in a competent manner.

The Director shall be an informed and decisive individual. Being *informed* includes seeking the input of stakeholders. It also includes seeking all relevant, valid and reliable empirical evidence. *Decisive* means that the Director, after considering the input of stakeholders and empirical evidence, makes decisions.

The Director will seek input of relevant stakeholders in the process of developing, implementing, managing, monitoring and improving the Division. All input is to be considered part of leadership and decision-making responsibilities. All input is considered, but may not be used. Reasons for not using input will be explained, as will any modifications, how it influenced the outcome and/or how it may be considered for future use. The Director shall be courageous in providing leadership and decision-making as demonstrated, in part, by ensuring that efforts are directed at the intended beneficiaries—people who we support and serve and their communities—not special interests.

The Director is expected to be of sound moral character, and decisions made will reflect sound legal, ethical, resourceful and knowledgeable public administration. Decisions will reflect the letter and intent of policy direction set by state administration and by the Director's supervisor.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

The Director holds the Deputy Director and Chiefs fully and solely accountable for the strategic outcomes as pursued through the tactical outcomes and the efforts, actions and efforts of all Division members and contract vendors.

- **Deputy Director:** The Deputy Director is accountable to the Director and shall serve as Director in the Director's absence. The Director holds the Deputy Director fully and solely accountable for the strategic outcomes as pursued through the tactical outcomes and the efforts, actions and efforts of all Division members and contract vendors that are the responsibilities of the Chiefs accountable to the Deputy Director. The Deputy Director's leadership, management and decision making style shall be complimentary to the Director's. The Deputy Director shall provide leadership for the Division's daily operations.
- **Chief of Clinical Policy:** The Chief of Clinical Policy is accountable to the Director. As part of the Executive Leadership Team, the Chief will work closely with the Deputy Director and the Chiefs, and in particular with the Chief of Community Policy Management and Chief of State Operated Services. This Chief will serve as the Divisions premier clinical expert. The focus of clinical direction will be in the development of sound clinical community systems and models of practice.
- **Support:** The support members are accountable to the Director and Deputy Director. The support members organize and support the work efforts of the Director, Deputy Director and the Directors' office. They are also responsible for coordinating and supporting the Executive Leadership Team (ELT) related efforts.

Expectations of all members of the Director's Office include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.1.1 Executive Leadership Team (ELT)

The Director's Office is intended to provide leadership in matters regarding the strategic direction. In order to achieve this end, the Director, Deputy Director and the Chief of Clinical Policy as well as the Chiefs of State Operated Services, Community Policy Management, Resource and Regulatory Management, Advocacy and Customer Services and Administrative Support form as a collective team-- the Executive Leadership Team (ELT). The ELT is responsible for providing guidance, leading and managing the strategic plan of the Division. The strategic plan, in essence, is the purpose of the ELT.

The ELT is interested in strategic and tactical outcomes. This includes collective management of these outcomes to assure achievements occur and to provide guidance to members of the Division involved in operations that are intended to assure achievement. Given the learning involved in such a changing environment, the ELT also needs to best assure that operations practices do not begin to shift the strategic direction of the Division. Therefore, the ELT is particular sensitive to managing potential "shift" problems. Also, developments that occur on a daily basis, including crisis situations, may have strategic implications. Therefore, the ELT is required to monitor all developments-- internally oriented as well as externally oriented-- to ensure that the Divisions response remains consistent with our strategic intent.

There are three key reasons the ELT is required to work collectively, as follows:

- To ultimately ensure that developments regarding strategic and tactical outcomes are on course. This includes monitoring efforts for quality, consistency with the expectations for Division members, consistency with strategic intent, interrelationships

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

across outcomes, and consideration of effectiveness and efficiency. This includes follow-through regarding directing, teaching, coaching, supporting and managing of members of the Division.

- To ensure that the strategic and tactical outcomes are being pursued as part of an integrative process-- across and within the Division as well as including all relevant stakeholders.
- To monitor daily situations and ensure responses support the strategic direction.

4.1.2 Management Leadership Team (MLT)

The Division is organized into teams. Each of these teams is responsible for a particular substantive and technical area of expertise. Each of these teams working with and across teams and sections is the manner in which the Division achieves strategic expectations. In order to manage the coordination of these strategic relationships, the Team Leaders as well as members of the ELT form a collective team-- the Management Leadership Team (MLT).

There are three key reasons the MLT is required to work collectively, as follows:

- To jointly clarify issues pertaining to strategic and tactical intent and boundaries.
- To problem solve interrelationship team building issues that require an across-Division response
- To ensure specific and relevant collective development.

4.1.3 State-Consumer and Family Advisory Committee- (S-CFAC)

The S-CFAC is considered a part of ELT. The S-CFAC is appointed by the Secretary and ultimately reports to the Secretary. Therefore, although the S-CFAC works with the ELT they may, at any time, report concerns to the Secretary. The S-CFAC will also meet with the Secretary at least annually.

The S-CFAC is comprised of the following types of members (at a minimum):

- An individual with a developmental disability
- A family member of an individual with a developmental disability
- An adolescent with a severe emotional disability
- A family member of an adolescent with a severe emotional disability
- An individual with a severe and persistent mental illness
- A family member of an individual with a severe and persistent mental illness
- An individual with a substance abuse disorder
- A family member of an individual with a substance abuse disorder
- An individual with a co-occurring disability (person with more than one disability, e.g., MH/DD, MH/SA, DD/SA)
- A family member of an individual with a co-occurring disability

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

The meaningful and valued involvement of consumers in the area of policy direction and management is a new experience for the Division. The desired outcome in this effort is focused into two areas:

- The development of this relationship in a manner that promotes informed leadership policy decisions resulting from a partnership between consumers and the executive leadership of the Division.
- Consumer-focused cultural changes that occur in the Division.

In order to achieve these ends, an independent facilitator will coordinate the development of the relationship of this group. The facilitator will have a substantive interest in consumer advocacy and technical expertise in group facilitation.

The recommendations made by the state plan workgroup regarding the S-CFAC will be used to guide the development of the S-CFAC.

4.2 State Operated Services

The Division is responsible for management of state-operated services and facilities and is held to the same quality and best practice standards as are local management entities in overseeing local service delivery. This is a very unique aspect of the Division in that it holds a dual manager/provider role and responsibility. The State Operated Services Section of the Division is to ensure exemplary practice related to the following:

- Operations of state facilities.
- Transition from state-operated services to community capacity developments.

This Section of the organizational structure organizes state-operated services into three regions -- West, Central and East. The structure consolidates the state facilities in these three regions and allows for a more effective and efficient State Operated Services system.

Initial activities of the State Operated Services Section will consider and build upon developments already underway as well as new developments that need to occur. A framework for this initial planning will be developed at minimum covering the following:

- Defining the purpose, roles and responsibilities of state-operated services.
- Developing a system for regional planning.
- Carrying out administrative consolidation efforts intended to promote increased efficiencies and improvements in effectiveness as required by the reform statute and the State 2001 Appropriations Bill.
- Managing out-of-state placements and returns.
- Determining roles and responsibilities for developing partnerships with regional advocates, LMEs, area programs, counties, provider systems and Division stakeholders for providing micro and macro planning and technical assistance and consultation about community placements, State-operated services, comprehensive community capacity development and funding realignment (regional practices that are required to be within the framework of statewide standards of practice).

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

- Making census reduction plans and corresponding budget reduction plans for state-operated services that include considerations of impact on state employment and efforts to work with local communities regarding the economic implications.
- For each type of state operated service (by disability group and within unique programs), devise statewide standards including admission and discharge criteria, treatment planning, clinical practice protocols, budget and finance practice, QA/CQI/TQM practices and others that are intended to reflect best practice and emerging best practice and that are understandable, accountable, appropriate, efficient, effective and consistent with regulatory and accreditation compliance, performance and outcome expectations.
- Develop a set of proposed services/products/outcomes for SFY 02-03 for State-Operated Services.

This framework will then be used to ultimately develop a state-operated services capacity reductions and the corresponding community capacity expansion SFY 02-03 plan and initiate the development of an additional four-year plan to be used as part of the State Plan. These developments will occur in consultation with the S-CFAC. Additionally, the S-CFAC will also be involved in ongoing development, monitoring and improvement efforts related to the overall five-year plan. Initial and ongoing development, monitoring and improvement efforts of this effort will also include the active involvement of diverse interested consumer oriented state advocacy organizations and groups. In consultation with the Director and Deputy Director, the Chief of State Operated Services will identify and recruit state advocacy organizations and groups that will be involved in an advisory capacity with this effort.

The membership of the Office of the Chief of State Operated Services is as follows:

Position	FTE
Chief of State Operated Services	1.0
Western Region Team Leader	1.0
Central Region Team Leader	1.0
Eastern Region Team Leader	1.0
Professional	9.0
Support	3.0
Total	16.0

FTE: Full Time Equivalent (40 hours per week)

NOTE: The members presented in this section do not include the State Operated Services facilities staff members.

The Chief of State Operated Services is accountable to the Deputy Director.

Each facility is headed by a State Operated Services Director who is accountable to the Chief of State Operated Services. The Division is responsible for management of state-operated services and facilities and is held to the same quality and best practice standards as are local management entities in overseeing local service delivery. This is a very unique aspect of the Division in that it holds a dual manager provider role and responsibility. Therefore, the State Operated Services Directors are provided latitude to operated state programs in a

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

manner similar to that afforded to Directors of large health care facilities that are operating as part of a single health care system-- the Division. Although afforded this level of autonomy, the State Operated Services Directors need to be tightly associated with the Division-- as full Division members-- in order to assure the pursuit, advancement and achievement of the state reform and plan efforts.

Although the State Operated Services Directors are accountable to the Chief of State Operated Services, the respective regional Team Leaders are assigned by the Chief of State Operated Services to lead the regional planning, implementation and management efforts. Team Leaders are accountable to the Chief of State Operated Services. Each professional and support team member of the State Operated Services central unit are accountable to an assigned Team Leader; however they will operate as the Office of the Chief of State Operated Services working across the three regions.

Education and experience require that leadership and professional members of the Office have substantial substantive knowledge and exemplary clinical expertise in the areas of mental health, developmental disabilities and/or substance abuse. Education and experience require that leadership and professional team members of the Office also have substantial technical knowledge and expertise both in the areas of community specialty systems (mental health, developmental disabilities and substance abuse services) and state operated facility services.

Expectations of all members of the Office include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.3 Community Policy Management

This group is primarily responsible for leadership, guidance and management of relationships with LMEs. It is recognized as the responsible *public policy leadership and oversight agent*. The LMEs are recognized as responsible *public policy management agents*. This group will collaborate with a variety of public and private partners, involving a wide base of customers, to promote recovery through the reduction of stigma and barriers to services. A second area of emphasis is the development and management of best practice protocols and programs. Special emphasis will be placed on the relationship to Federal partners including the Substance Abuse and Mental Health Services Administration, the Center for Medicaid and Medicare Services, the Office of National Drug Control Policy, and other Federal Departments and agencies. The Department Employee Assistance Program (EAP) will be assigned to this office to provide support of Department employees and their families and to influence the development of effective EAP programs in the community. The Office will perform the functions of the Single State Agency (SSA) for Substance Abuse, Mental Health and act as the State Methadone Authority.

The Section will focus initially on the development of team-based management, including strategic planning, quality improvement and performance based goal development. The identified teams will be highly interactive both in the section and in the larger Division and Department. Teams will develop shared a shared vision and values that compliment the mission and values of the state plan and will establish operating procedures, as well as individual and team goals.

The membership of the Office of the Chief of Community Policy Management is as follows:

**NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure
(10/1/03)**

Position	FTE
Chief of Community Policy Management	1.0
Professional	4.0
Support	2.0
Total	7.0

FTE: Full Time Equivalent (40 hours per week)

The Chief of Community Policy Management is accountable to the Deputy Director. The professional and support members are accountable to the Chief of Community Policy Management.

Education and experience require that leadership and professional members of the Office have substantial substantive knowledge and exemplary clinical expertise in the areas of mental health, developmental disabilities and/or substance abuse. Education and experience require that staff in this team also have substantial technical knowledge and expertise in community specialty systems (mental health, developmental disabilities and substance abuse services).

Education and experience require that professional members of this team have substantial substantive and technical knowledge in the area of employee assistance programs.

Expectations of all members of the Office include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.3.1 Quality Management Team

Organizations data and information system is intended to drive the process of informed decision making and to provide the organization with the empirical support necessary to evaluate intended achievements. This team has two primary principles and practices that the Division must advance:

- **Commit to Quality:** Effective treatment, services, and supports and the wise use of resources depends upon ongoing improvement in the quality of care.
- **Invest for Results:** The wise use of resources requires investment in treatment, services and supports that in turn must produce the desired results.

The primary purpose of this team is as follows:

- Establish for Division, state operated facilities LMEs, providers and contracts what standards of quality are expected and what performance measures will be required with specification of how quality will be defined, monitored, and managed, including structural, process, and outcome measures. Structural measures pertain to capacities, technologies, and infrastructure that make up the structure of care. Process measures pertain to administrative, clinical and other processes by which care is provided. Outcomes measures pertain to the clinical outcomes of care.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

This Team is the key substantive part of the Division's information system. This team has two key responsibilities:

- Developing methods and application of methods regarding collection, reporting and use of data and information required by or of the Division. This includes related planning, development, coordination, implementation, monitoring, management, analysis and reporting of programmatic as well as fiscal data and information.
- Providing technical instruction/assistance and consultation regarding quality assurance, continuous quality improvement and total quality management practices.

Consumers, family members and advocates will be included in active and meaningful roles regarding ongoing functions of this team.

The membership of the Quality Management Team is as follows:

Position	FTE
Team Leader	1.0
Professional	6.0
Support	1.0
Total	8.0

FTE: Full Time Equivalent (40 hours per week)

The Team Leader is accountable to the Chief of Community Policy Management. The professional and support team members are accountable to the Team Leader.

The specific set of skills required for leadership and professional members of this team will necessitate four types of members:

- Methodologists.
- QA/CQI/TQM experts.
- Programmatic data and information analysts.
- Financial data and information analysts.

This should not be interpreted as a single individual for each of the four areas of responsibility. Some responsibilities may require more than one team member, while others may be consolidated into a single team member position because of the compatibility of skill set requirements and limitations in time demands. Education and experience prefer that leadership and some professional members of this team have substantial substantive knowledge and exemplary clinical expertise in the areas of mental health, developmental disabilities and/or substance abuse. Education and experience require that the leadership and some professional members of this team also have substantial technical knowledge and expertise in the areas of community and specialty systems (mental health, developmental disabilities and substance abuse services).

Expectations of all team members include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

4.3.2 Best Practice and Community Innovations Team

The foundations of "Best practice" efforts are as follows:

- **Improving and Strengthening the System:** Best practice is also a two step process. First, conceptual foundations (or platforms) for practice are developed. This involves the construction of a foundation from which particular best practice models are constructed. For example, a psychosocial rehabilitation platform supports discrete Assertive Community Treatment and Clubhouse models of practice. As a macro example, a Manager of Public Policy Organization (MPPO) platform supports discrete provider network development and access systems practices.

Practice platforms and models may or may not apply across all three populations (mental health, developmental disabilities and substance abuse disabilities). Furthermore, recovery philosophy and related models of practice may have variation between individuals with addiction disorders and people with mental illness. Variations of this sort, as well as other considerations such as age and culture, are considered in all services/products/outcomes pursued by this team. Additionally, particular practices such as cultural proficiency may integrate across multiple practices. Some practices may be specific to a particular disability and the structure of the team should accommodate these differences.

- **Science to Service:** A goal of the system reform is to establish a system that more effectively connects services and research, with the goal of providing treatment, services and supports based on the best scientific evidence. The system should specifically: a) promote consistent communication and collaboration among LMEs, service providers, academic institutions, researchers, consumers and other relevant stakeholders; and b) establish incentives and assistance for programs and staff in applying the new standards and methods.

There is a need for providing leadership regarding best practice and innovations related to both the types of supports, services and treatments provided on an individual basis as well as with systems performance. Efforts to provide this leadership include the development and dissemination of best practice models as well as the development and management of demonstration and unique projects and programs. To achieve these ends, this team has two key responsibilities:

- Continuously researching, compiling, disseminating and advancing relevant best practice, emerging best practice and innovations in the areas of mental health, developmental disabilities, substance abuse and specialty supports and services administration and management.
- Advancement, coordination, development, implementation and management of unique programs and/or special projects such as demonstrations, grants and specific policy initiatives.

This team will not always be the lead in developing best practice products or assume the core responsibility for the management of a particular special project or program. Some of the services/products/outcomes to be delivered will result from their participation with other lead stakeholders and systems. In these instances, the team member(s) are expected to perform their role and responsibility in a manner that is conducive to the efforts of the stakeholders and systems in the lead and as related to the policy direction of the Division. This would include members of this team serving on councils, committees or workgroups involved in planning, collaborative and/or policy development that is related to a particular practice area and/or special project or program the team member is involved with.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

As best practice and special projects and programs are intended to operationalize public policy, determination of particular best practice areas and models as well as projects and programs to be pursued are related to relevance with critical public policy general direction and/or specific requirements. There may also be instances where a demonstration project or a select number of sites are involved in a particular program that is also related to a systems-wide best practice area that is being developed. In these instances, members of this team may be assigned best practice developments as well as development and management of particular projects and programs. This team will have responsibility for implementation and compliance with practice requirements promulgated by federal partners and other payers.

The membership of the Best Practice and Community Innovations Team is as follows:

Position	FTE
Team Leader	1.0
Professional	8.0
Support	1.0
Total	10.0

FTE: Full Time Equivalent (40 hours per week)

The Team Leader is accountable to the Chief of Community Policy Management. The professional and support team members are accountable to the Team Leader.

Specific skill set requirements for leadership and professional members of this team will require each staff to be intimately knowledgeable in at least one specific substantive or technical practice and/or project or program area.

The specific set of skills required for leadership and professional members of this team includes the versatility to intensively learn and lead in the application of multiple specific substantive and/or technical practice and/or project or program areas.

Education and experience require that leadership and professional members of this team have substantial substantive knowledge and exemplary clinical expertise in the areas of mental health, developmental disabilities and/or substance abuse. Education and experience require that leadership and some professional members in this team also have substantial technical knowledge and expertise in the areas of community and specialty systems (mental health, developmental disabilities and substance abuse systems) administrative practice.

Expectations of all team members include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.3.3 Local Managing Entity Systems Performance Team

One of the goals of system reform is promote organizations cultures that improve the quality, effectiveness and efficiency of services through the adoption of best business practices for program management and operations. In a buy-sell arrangement, there is a need to express formal relationships and expectations between systems through formal written agreements, typically defined as contracts. In most instances, this is more than a simple purchase of services. The relationship should typically be

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

focused on the expectations of two systems regarding expectations that advance public policy intentions and values. The responsibilities of this team are in following two areas:

- **Contract Development and Implementation:** To lead and coordinate the Divisions efforts to develop, negotiate, monitor and manage contracts with the Local Managing Entities (LMEs).
- **Circumstantial Contract Management Efforts and/or Site Reviews:** Coordinating cross-Division team to conduct a *scoped* site review of LMEs when there is evidence of LME or provider network problems with specific areas of best practice or emerging best practice or compliance, performance and/or outcomes. The problems noted must be sufficient in scope, intensity or severity to warrant a scoped review. Coordination would include ensuring development and application of review methods consistent with the scope of the specific review.

It is recognized that the current relationship with the Area Programs (APs) is defined through a Performance Agreement. The responsibilities outlined above will currently apply to the APs Performance Agreement. With further developments of the LME, including through the submission of the Local Business Plans (LBPs), the Team will begin to develop a model comprehensive contract for LMEs.

A contract manager will be assigned to each LME. The contract manager will develop an internal team of people representing all other teams and consumers recruited and developed through the advocacy component of the Division. The team's purpose is routine monitoring of regular data, information and reporting requirements, routine site reviews of financial, administrative and programmatic components and special reviews/monitoring efforts. The contents of contracts is illustrated in the following matrix:

	Compliance Requirements	Systems Performance	Outcome Expectations
Financial			
Administrative			
Programmatic			

The relationship between the Division and LMEs can only be successful if the members of the team are active at the local level. Expectations are that contract managers will be frequently visible in their designated geographic areas. Like expectations of the LME and its community partners, state staff will be expected to collaborate with and have timely access to LMEs and their partners.

Responsibilities related to contracts with the LMEs are as follows:

- **Explanation of Contract Provisions -** Contract analysis (with updates) to define financial, administrative and programmatic provisions by compliance, performance and outcome expectations. This is intended to guide development, implementation, management and monitoring of subsequent services/products/outcomes. This is also intended to provide instruction to the field regarding contract management efforts and to guide the development of a relational contracting approach.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

- **Routine Contract Management-** Instructions and application of instructions regarding compiling, analyzing, applying analysis and planned actions regarding evidence of best practice or emerging best practice or compliance, performance and/or outcome problems related to or through the LMEs.
- **Routine Contract Site Reviews -** Coordinating cross-Division teams and efforts to conduct routine LME site reviews. These reviews would include attention to administrative, fiscal and programmatic efforts of LMEs and their provider networks. Coordination would include ensuring development, application and continuous improvement of site review protocols.

Consumers, family members and advocates will be included in active and meaningful roles as regarding ongoing functions of this team.

The membership of the Local Management Entity Systems Performance Team is as follows:

Position	FTE
Team Leader	1.0
Professional	7.0
Support	1.0
Total	9.0

FTE: Full Time Equivalent (40 hours per week)

The Team Leader is accountable to the Chief of Community Policy Management. The professional and support team members are accountable to the Team Leader.

The specific set of skills required for leadership and professional members of this team will necessitate two types of members:

- Expertise in contract development, negotiation and management.
- Expertise in public systems management of specialty supports and services.

Specific skills required for leadership and professional members of this team include being highly knowledgeable about contracts and contract provisions and/or public systems management of specialty supports and services. In particular, leadership and professional team members must be able to coordinate the efforts of internal stakeholders to develop, negotiate, manage and monitor contracts. LME Contract Managers may have programmatic expertise in the mental health, substance abuse and developmental disabilities.

Expectations of all team members include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.3.4 Justice System Innovations Team

There is a great deal of policy interest and emphasis on the mental health, developmental disabilities and substance abuse adult and child populations and systems interface with the courts, law enforcement agencies (federal, state, county and local) and correctional systems (detention centers, jails and prisons). The Justice Systems Team ("justice" defined as law enforcement, court

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

and corrections systems) will function in the same manner as the Best Practice and Community Innovations Team with a focus on matters relative to justice systems. Therefore, within this scope, there is a need for providing leadership regarding best practice and innovations related to both the types of supports, services and treatments provided on an individual basis as well as with systems performance. Efforts to provide this leadership include the development and dissemination of best practice models as well as the development and management of demonstration and unique projects and programs. To achieve these ends, this team has two key responsibilities:

- Continuously researching, compiling, disseminating and advancing relevant best practice, emerging best practice and innovations in the areas of mental health, developmental disabilities, substance abuse and specialty supports and services administration and management.
- Advancement, coordination, development, implementation and management of unique programs and/or special projects such as demonstrations, grants and specific policy initiatives.

This team will not always be the lead in developing best practice products or assume the core responsibility for the management of a particular special project or program. Some of the services/products/outcomes to be delivered will result from their participation with other lead stakeholders and systems. In these instances, the team member(s) are expected to perform their role and responsibility in a manner that is conducive to the efforts of the stakeholders and systems in the lead and as related to the policy direction of the Division. This would include members of this team serving on councils, committees or workgroups involved in planning, collaborative and/or policy development that is related to a particular practice area and/or special project or program with which the team member is involved.

As best practice and special projects and programs are intended to operationalize public policy, determination of particular best practice areas and models as well as projects and programs to be pursued are related to relevance with critical public policy general direction and/or specific requirements. There may also be instances where a demonstration project or a select number of sites are involved in a particular program that is also related to a systems-wide best practice area that is being developed. In these instances, members of this team may be assigned best practice developments as well as development and management of particular projects and programs.

The membership of the Justice System Innovations Team is as follows:

Position	FTE
Team Leader	1.0
Professional	5.0
Support	1.0
Total	7.0

FTE: Full Time Equivalent (40 hours per week)

The Team Leader is accountable to the Chief of Community Policy Management. The professional and support team members are accountable to the Team Leader.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

The specific set of skills required for leadership and professional members of this team includes the versatility to intensively learn and lead in the application of multiple justice systems substantive and/or technical practice areas.

Education and experience require that leadership and professional members of this team have substantial substantive knowledge and exemplary clinical expertise in the areas of mental health, developmental disabilities and/or substance abuse. Education and experience require that leadership and some professional members in this team also have substantial technical knowledge and expertise in the areas of community, specialty systems (mental health, developmental disabilities and substance abuse systems) administrative practice and justice systems.

One professional member of this team will require extensive education, training and experience with DWI treatment.

Expectations of all team members include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.3.5 Prevention and Early Intervention Team

This team will be designed to meet the special provision requirements approved by the General Assembly in Section 10.24. (a) *In order to ensure that individuals receive effective substance abuse prevention services, the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services shall designate an Office of Substance Abuse Prevention.* The team will also work to develop an appropriate evidence based prevention framework for mental health and developmental disabilities. Responsibilities include early intervention services for children to lead and coordinate the Divisions efforts to develop, negotiate, monitor and manage all financial related agreements, grants and contract (formal financial arrangements) that are the responsibility of the Division with the exception of grants, contracts or agreements assigned with full responsibility to a Best Practice Team (some of these formal financial arrangements will be sole responsibility of a Best Practice Team, therefore, these are excluded from this Team). Decision of assignments of these types of formal financial arrangements will be at the discretion of the Chief of Community Policy Management. In these instances, and regardless of assignment, there will be a need to at least coordinate these efforts between the Contract Management and Development Team and the Best Practice Team, as the LME/System Management Team member would have some responsibility for the technical aspects of the formal financial arrangement.

The policy focus on prevention and early intervention is intended to promote efforts to mitigate the human, social and economic consequences of adverse life circumstances resulting from the failure to respond at an early onset of a disability or to an "at risk" population. The Prevention and Early Intervention Team will function in the same manner as the Best Practice and Community Innovations Team with a focus on matters relative to early intervention and prevention. Therefore, within this scope, there is a need for providing leadership regarding best practice and innovations related to both the types of supports, services and treatments provided on an individual basis as well as with systems performance. Efforts to provide this leadership include the development and dissemination of best practice models as well as the development and management of demonstration and unique projects and programs. To achieve these ends, this team has two key responsibilities:

- Continuously researching, compiling, disseminating and advancing relevant best practice, emerging best practice and innovations in the areas of mental health, developmental disabilities, substance abuse and specialty supports and services administration and management.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

- Advancement, coordination, development, implementation and management of unique programs and/or special projects such as demonstrations, grants and specific policy initiatives.

This team will not always be the lead in developing best practice products or assume the core responsibility for the management of a particular special project or program. Some of the services/products/outcomes to be delivered will result from their participation with other lead stakeholders and systems. In these instances, the team members are expected to perform their role and responsibility in a manner that is conducive to the efforts of the stakeholders and systems in the lead and as related to the policy direction of the Division. This would include members of this team serving on councils, committees or workgroups involved in planning, collaborative and/or policy development that is related to a particular practice area and/or special project or program the team member is involved with.

As best practice and special projects and programs are intended to operationalize public policy, determination of particular best practice areas and models as well as projects and programs to be pursued are related to relevance with critical public policy general direction and/or specific requirements. There may also be instances where a demonstration project or a select number of sites are involved in a particular program that is also related to a systems-wide best practice area that is being developed. In these instances, members of this team may be assigned best practice developments as well as development and management of particular projects and programs.

The membership of the Prevention and Early Intervention Team is as follows:

Position	FTE
Team Leader	1.0
Professional	6.0
Support	1.0
Total	8.0

FTE: Full Time Equivalent (40 hours per week)

The Team Leader is accountable to the Chief of Community Policy Management. The professional and support team members are accountable to the Team Leader.

The specific set of skills required for leadership and professional members of this team includes the versatility to intensively learn and lead in the application of multiple justice systems substantive and/or technical practice areas.

Education and experience require that leadership and professional members of this team have substantial substantive knowledge and exemplary clinical expertise in the areas of mental health, developmental disabilities and/or substance abuse. Education and experience require that leadership and some professional members in this team also have substantial technical knowledge and

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

expertise in the areas of community, specialty systems (mental health, developmental disabilities and substance abuse systems) administrative practice and early intervention and/or prevention.

Expectations of all team members include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.4 Resource and Regulatory Management

This group is responsible for supporting the efforts and ensuring accountability of the operations components of the Division including state-operated services, community policy management, advocacy and customer services and administrative support.

The membership of the Office of the Chief of Resource and Regulatory Management is as follows:

Position	FTE
Chief of Resource and Regulatory Management	1.0
Professional	1.0
Support	1.0
Total	3.0

FTE: Full Time Equivalent (40 hours per week)

The Chief of Resource and Regulatory Management is accountable to the Deputy Director. The professional and support members are accountable to the Chief of Resource and Regulatory Management. The professional position has responsibility for significant data management and analysis functions related to areas such as Medicaid billings and trends, statistics for Central Office cost allocation, domiciliary care billings, etc.

Expectations of all members of the Office include exemplary technical writing, communication, training, software technical applications skills, data management and analysis, and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.4.1 Budget and Finance Team

This team is responsible for comprehensively planning, developing, implementing and managing budget (expenditure) and finance (revenue) strategies for the Division's total budget. Special emphasis, during State Plan implementation, will focus on changes in the service financing structure in order to maximize resources and support additional community capacity building, as well as LME cost modeling and financing.

Specific initial and ongoing services/products/outcomes delivered by this team are organized into the following categories:

**NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure
(10/1/03)**

- **Budget and finance plan** - Method and application of the method for developing a budget and finance plan. This includes community budget development and rate setting to include LMEs and service budgets and allocation letters. It also includes state-operated services' budget development, rate setting and developing fiscal notes. All will be done in conjunction with the DHHS Divisions of Medical Assistance and Budget and Analysis and the DHHS Controller's Office.
- **Budget and finance management** - Method and application of method for plan implementation management and monitoring focused on collecting, entering, retrieving and reporting and using budget and finance information.

The membership of the Budget and Finance Team is as follows:

Position	FTE
Team Leader	1.0
Professional	7.0
Support	2.0
Total	10.0

FTE: Full Time Equivalent (40 hours per week)

The Team Leader is accountable to the Chief of Resource and Regulatory Management. The professional and support team members are accountable to the Team Leader. The specific sets of skills required for leadership and professional members of this team include:

- Budget planning.
- Revenue planning.
- Fiscal trend analysis, including expenditures and revenues.
- Fiscal reporting and accountability.
- Interpretive skills related to State and Federal fiscal regulatory requirements.

This should not be interpreted as a single individual for each of the five areas of responsibility. Responsibilities generally require more than one-team member, while others may be consolidated into a single team member position because of the compatibility of skill set requirements and limitations in time demands. Team member assignment of roles and responsibilities will not be in conflict with practices that must be in place to ensure fiscal audit safeguards.

Expectations of all team members include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.4.2 Information Systems Team

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

This team is responsible for comprehensive planning, developing, implementing, managing and improving the Division's computer network, warehouse, hardware, software and technical support functions.

Specific initial and ongoing services/products/outcomes delivered by this team are organized into the following categories:

- **Systems management, maintenance and improvement** - Keep systems such as the state Health Enterprise and Accounts Receivable Tracking System (HEARTS) and Integrated Payment and Reporting System (IPRS) and all data sources, operating in the most efficient and effective manner. This should include continued efforts to consolidate databases if appropriate.
- **Systems Development and Business Automation** – Provide leadership and planning for the development and implementation of new systems and processes that would improve the business capabilities and efficiencies of the Division.
- **Coordination** – Coordinate Division information technologies and systems efforts, including Central Office and State facilities, with DHHS.
- **Support** - Provide technical support, consultation and training to the Division and end users.

The membership of the Information Systems Team is as follows:

Position	FTE
Team Leader	1.0
Professional	18.0
Support	6.0
Total	25.0

FTE: Full Time Equivalent (40 hours per week)

The Team Leader is accountable to the Chief of Resource and Regulatory Management. The professional and support team members are accountable to the Team Leader.

The specific sets of skills required for leadership and professional members of this team will require several types of members:

- Network administration.
- Software specialist.
- Hardware specialist.
- Database management and administration.
- Application programmer/analyst.
- Program management to support HIPAA, IPRS, and HEARTS business implementation.
- Project manager and business analyst.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

Expectations of all team members include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.4.3 Accountability Team

This team is responsible for ensuring Medicaid and overall fiscal integrity within the Division to include state operated services and the community system.

Specific initial and ongoing services/products/outcomes delivered by this team are organized into the following categories:

- **Medicaid compliance** - Medicaid compliance standards (for instruction to the field as well as application of said standards in the Divisions efforts of fiscal oversight).
- **Fiscal monitoring** - Fiscal audit standards and financial regulatory standards (for instruction to the field as well as application of said standards in the Divisions efforts of fiscal oversight).
- **Compliance monitoring** – As part of the Division’s overall oversight and monitoring activities, ensure local compliance with key Federal funding requirements associated with various grants. This also includes working closely with the LME Systems Performance Team to assure compliance with Performance Management Agreements/LME contract requirements.
- **Specialized focused reviews** – Conduct or participate in specialized focused reviews as needed.
- **Medicaid Corrective Action** – Review, approval and technical assistance of Medicaid corrective actions.
- **Single Audit** – In conjunction with the DHHS Controller’s Office, review of local Single Audit findings or recommendations related to items such as records documentation and appropriate follow-up with area programs/LMEs for corrections.
- **Prison Reviews** – Responsible for standards compliance reviews in prisons.

The membership of the Accountability Team is as follows:

Position	FTE
Team Leader	1.0
Professional	14.0
Support	2.0
Total	18.0

FTE: Full Time Equivalent (40 hours per week, except for two .5 FTE temporary positions which are responsible for the review of standards in prisons and are included within the 14.0 professional positions noted above).

The Team Leader is accountable to the Chief of Resource and Regulatory Management. The professional and support team members are accountable to the Team Leader.

The specific sets of skills required for leadership and professional members of this team will include:

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

- Expertise in State and Federal laws and regulations.
- Expertise in Medicaid regulations.
- Knowledge of fiscal and management.

Expectations of all team members include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.4.4 Regulatory Team

This team is responsible for ensuring regulatory compliance by the Division in carrying out regulatory related services.

Specific initial and ongoing services/products/outcomes delivered by this team are organized into the following categories:

- **Medicaid development** - Coordinate waiver and State Plan developments with DHHS.
- **Substance abuse issues** - Manage Division responsibilities regarding DWI and drug regulatory registration and enforcement.
- **PASARR** - Complete pre-admission screening and annual resident reviews.
- **Intermediate Care Facility-Mental Retardation (ICF-MR Level of Care Determinations** - Complete ICF-MR LOC determinations.
- **Provider enrollment** - Oversee community-based provider enrollments.
- **Regulatory interpretations** - Provide interpretations of federal and state regulations.

The membership of the Regulatory Team is as follows:

Position	FTE
Team Leader	1.0
Professional	14.0
Support	2.0
Total	17.0

FTE: Full Time Equivalent (40 hours per week)

The Team Leader is accountable to the Chief of Resource and Regulatory Management. The professional and support team members are accountable to the Team Leader.

The specific sets of skills required for leadership and professional members of this team will require two types of members:

- Clinical expertise.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

- Regulatory expert (particularly federal regulations).

Expectations of all team members include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.4.5 Contract Management Team

This team will support the implementation of the state plan in two primary areas: (1) The team will provide contract management to ensure that contracts are performance based and monitored and that they are developed in accordance with all State and Federal requirements governing contracting and procurement; and (2) Additional duties managed by the Contract Team include property management, maintenance, inventory, surplus property disposal, and purchasing. Contracts managed by this Team will NOT include the agreements with LMEs, those will be managed within the Community Policy Management Section.

A contract manager will be assigned responsibility for all other financial related agreements and contracts (formal financial arrangements) that are the responsibility of the Division. These formal financial arrangements could be initiated by the Division (outward initiated) or by another party to the Division (inward initiated). The contract manager will use internal members of the Division as well as external parties as relevant to the coordinated management of each formal financial arrangement

Responsibilities related to all agreements and contracts (formal financial arrangements) are as follows:

- **Development and Negotiation:** Process of developing and negotiating into a final product the purpose, scope, intentions, requirements, outcomes and performance expectations of the arrangement.
- **Performance Based Contracts:** Assume Division lead responsibility for ensuring that, in conjunction with DHHS requirements, Division contracts are transitioned to performance based outcomes.
- **Monitoring and Managing:** Process of overseeing the implementation of the arrangement.
- **Reporting:** Compiling and disseminating information product required related to the arrangement.

The level of attention and intensity that is afforded in each of the above functions in part depends on each individual formal financial arrangement. For example, one of these arrangements may be a simple and direct purchase of services. The scope of responsibility of this team may be limited due to the nature of a particular arrangement-- for example, the team management responsibilities may be limited to compiling and issuing required reports as the arrangement is represents a relationship that is fully integrated into the practices of various Teams in the Division.

The membership of the Contract Management Team is as follows:

Position	FTE
Team Leader	1.0
Professional	2.0
Support	3.0

**NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure
(10/1/03)**

Total	6.0
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FTE: Full Time Equivalent (40 hours per week); support members on this Team will also handle numerous procurement and purchasing activities.

The Team Leader is accountable to the Chief of Resource and Regulatory Management. The professional and support team members are accountable to the Team Leader.

Specific skills required for leadership and professional members of this team include being highly knowledgeable about contracts and contract provisions and/or public systems management of specialty supports and services. In particular, team members must be able to coordinate the efforts of internal stakeholders to develop, negotiate, manage and monitor contracts.

Expectations of all team members include exemplary technical writing, communication, training, software technical applications skills, legal and regulatory interpretive skills, and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.5 Advocacy and Customer Services

The Chief responsible for this Section of the organization is one of two who report to the Director rather than the Deputy Director. There were three key considerations in the development of this component of the organization, as follows:

- Self-identified primary and secondary consumers reflecting the various disability groups were encouraged to apply. The initial goal of the equivalence of eight full time positions to be made up of consumers to assume Team Leader, Advocate, and/or professional positions in this section was exceeded.
- The Chief is a self-identified consumer and serves as the State Consumer Advocate.
- Staff in this section are involved in efforts related to the legal rights of people receiving services *and* are involved in customer service efforts related to problems with the state, LME or provider systems that do not qualify as a legal rights issues. One rule in this process will be to err on the side of rights. That is, if there is uncertainty at any point regarding whether an issue is rights related or non-rights related the issue would be treated as a rights issue until it is determined otherwise.

This group is responsible for fulfilling the State Plan function of office of consumer affairs through consumer advocacy leadership efforts. This component is recognized as the agent responsible for ensuring that state-operated services and community-based systems remain compliant with rights protections for recipients of supports and services. It is also responsible for developing, maintaining and advancing relationships with advocacy organizations. Finally it is responsible for ensuring that disability populations are adequately represented in the Division's planning, implementation, management and improvement efforts. The group will lead the Division's efforts to create a community where people with disabilities are valued and treated with dignity; and where stigma, accompanying attitudes, discrimination and other barriers to recovery are eliminated.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

The membership of the Office of the Chief of Advocacy and Customer Services is as follows:

Position	FTE
Chief of Advocacy and Customer Services	1.0
Support	1.0
Total	2.0

FTE: Full Time Equivalent (40 hours per week)

The Chief of Advocacy and Customer Services is accountable to the Director, however, the Chief may report to the Secretary at any time and is ultimately accountable to the Secretary. The support member is accountable to the Chief.

The Chief of Advocacy and Customer Services is a self-identified consumer. The education and experience of the Chief require substantial substantive and technical knowledge in the areas of consumer rights and general management responsibilities in a state system.

Expectations of all members of the Office include exemplary research, technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.5.1 State Facility Advocates Team

This team is responsible for ensuring that the rights of recipients are protected. Therefore, this team is made up of *advocates*. This involves managing case investigations and system improvement efforts for client advocacy services and all other services provided to residents.

Specific initial and ongoing services/products/outcomes delivered by this team are organized into the following categories:

- **Rights Monitoring and Management:** Develop, monitor and manage practice protocols and their application for complaint investigation, methods regarding collection, entry, retrieval, reporting and use of essential and required data and information. (Note: Advocates at State Operated Services will be organized under and report to this Section of the Division while their workstations remain at the state operated facilities).
- **Rights System Development:** Advance the quality of the State Operated Services rights system by participating and initiating quality improvement and customer service efforts through monitoring efforts of the State Operated Services and providing the Division with Statistical Reports.
- **Rights Investigation:** Conduct investigations of suspected and/or reported allegations of rights violations and make recommendations regarding inquires and allegations to the chief of Advocacy and Customer Services. In the event an individual is at risk of harm, action shall be taken immediately.

**NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure
(10/1/03)**

- **Grievances and Complaints:** Provide education on the grievance process and assist the client, family, and guardian with the grievance process.
- **Coordination of Human Rights Committees:** Recruit and assist with nomination and orientation of new committee members.
- **Training of Facility Staff:** Provide staff training on abuse, neglect, exploitation, Healthcare Registry and Directive 61. Keep administration informed of Laws and Regulations that relate to advocacy.
- **Advocate for Special Issues:** Identify an advocate regarding special issues in a proactive manner. Focus on environmental, safety and other issues on an ongoing basis.
- **Advocates are responsible for:** rotating 24 hour "on-call" duty and making on-site rounds to monitor for quality of life conditions and rights protections.

Consumers, family members and advocates will be included in active and meaningful roles as regarding ongoing functions of this team.

The membership of the State Facility Advocates Team is as follows:

Position	FTE
Team Leader	1.0
Chief Advocate Professional (11) Advocate Professional (22)	33.0
Support	1.0
Total	35.0

FTE: Full Time Equivalent (40 hours per week)

The Team Leader is accountable to the Chief of Advocacy and Customer Services. The advocates and support team members are accountable to the Team Leader. All of the Advocates are located in state facilities and each state facility provides support for these positions. The Team Leader and the 1.0 FTE of support staff are located in the state office.

Sets of specific skills necessary for leadership and professional members of this team are:

- Leadership and problem solving skills.
- Legal rights investigative expertise.
- Customer service system expertise.
- Legal rights systems instruction and evaluation expertise.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

- Substantial substantive knowledge, including clinical expertise in the areas of mental health, developmental disabilities and/or substance abuse.

Expectations of all team members include the requirement of exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

Education and experience require that leadership and professional members of this team have substantial substantive knowledge in the areas of mental health, developmental disabilities, and/or substance abuse.

4.5.2 Customer Services and Community Rights System Team

This team has three key responsibilities:

- Ensuring the rights protection of consumers being served in the community
- Providing a first-response system for customer inquiries, complaints, and appeals in law on behalf of consumers, including Medicaid recipients. "Customers" are defined as individuals with disabilities who are being served or are eligible to be served by the publicly sponsored specialty supports and services system. "Customers" also include their family members, friends, advocates and other supporting members of the community who are bringing concerns on behalf of a consumer. Managers, providers and professionals may also bring concerns forward on behalf of consumers. The customer services team is not intended to respond to manager, provider and professional related concerns. Team members will refer such calls to the appropriate Division Team.
- Monitoring the community customer services systems.

In the role of ensuring rights protections, team members advocate by researching appropriate strategies in law, rule or policy. In this advocacy role, team members are responsible for monitoring client advocacy services and improvement efforts for consumers of these community systems. In the role of providing customer services, team members act as ombudsmen. As ombudsmen, team members are responsible for follow through regarding issues brought forward by consumers. Ombudsmen are also responsible for monitoring the efforts of the community system customer services function.

- This team is responsible for receiving consumer appeals, including Medicaid recipient appeals and for maintaining a state appeal system as a mechanism for consumers to appeal rights issues. In this capacity, the team tracks consumer appeals and provides reports. Consumers, family members and advocates will be included in active and meaningful roles regarding ongoing functions of this team.

Specific initial and ongoing services/products/outcomes delivered by this team are organized into the following categories:

Rights Protection Advocacy Function:

- **Rights Monitoring and Management:** Monitor practice protocols and their application for complaint investigation, methods regarding collection, entry, retrieval, reporting and use of essential and required data and information.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

- **Rights System Development:** Advance the quality of the community rights system by participating and initiating quality improvement efforts through monitoring efforts of the community system.
- **Rights Investigation:** Monitor community systems efforts of investigations of suspected and/or reported allegations of rights violations and make recommendations regarding problems with regards to investigations to the chief of Advocacy and Customer Services. In the event an individual is at risk of harm, action shall be taken immediately.

Ombudsman Function:

- **Customer Services:** Develop, implement, manage and monitor a user-friendly system for responding to concerns and complaints raised by primary and secondary consumers.
- **Conflict Resolution:** Provide conflict resolution up to and including mediation for consumers who are at an impasse with concerns, complaints, and appeals in law in both State Operated Services as well as community systems.
- **Appeals:** Provide education regarding appeals rights and receive and file consumer appeals.
- **Customer Service System Development:** Advance the quality of the community customer service systems by participating and initiating quality improvement efforts through monitoring efforts of the community system.

Consumers, family members and advocates will be included in active and meaningful roles regarding ongoing functions of this team.

The membership of the Customer Services and Community Rights Systems Team is as follows:

Position	FTE
Team Leader	1.0
Rights Advocate/Ombudsmen Professional	5.0
Support	1.0
Total	7.0

FTE: Full Time Equivalent (40 hours per week)

The Team Leader is accountable to the Chief of Advocacy and Customer Services. The professional rights advocates/ombudsmen and support team members are accountable to the Team Leader.

Sets of specific skills necessary for Rights Advocacy functions are:

- Legal rights investigative expertise.
- Legal rights systems instruction and evaluation expertise.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

Sets of specific skills required for leadership and ombudsman function are:

- Problem solving and conflict resolution.
- Customer service systems expertise.
- Grievance and appeal procedures.

Education and experience require that leadership and professional members of this team have substantial substantive knowledge, including clinical expertise in the areas of mental health, developmental disabilities and/or substance abuse.

Expectations of all team members include: require exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.5.3 Consumer Empowerment Team

This team is responsible for the following:

- Ensuring consumer and advocacy voice and input into Division planning, implementation, management and improvement efforts.
- Ensuring disability representation in the Division's planning, implementation, management and improvement efforts.
- Assisting in the development of local grass roots consumer controlled advocacy groups and organizations.
- Providing technical assistance and consultation to local Consumer and Family Advisory Committees (CFACs).
- Monitoring the efforts and achievements of the local CFACs to ensure they are fully empowered to perform their roles and responsibilities.
- Providing support and technical assistance to self-advocacy initiatives.

Specific initial and ongoing services/products/outcomes delivered by this team are organized into the following categories:

- **Local Consumer Advocates:** Assist in initial and ongoing development of the local consumer advocacy systems to include, at a minimum, training, consultation and technical assistance.
- **Disability Participation:** Methods and their application for ensuring that advocacy communications are included in Division efforts as are methods of ensuring that Division efforts are presented to consumers and advocates.
- **Disability Representation:** Methods and their application for ensuring that disability-specific policy perspectives are incorporated into overall Division efforts.

Consumers, family members and advocates will be included in active and meaningful roles as regarding ongoing functions of this team.

**NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure
(10/1/03)**

The membership of the Consumer Empowerment Team is as follows:

Position	FTE
Team Leader	1.0
Professional	5.0
Support	1.0
Total	7.0

FTE: Full Time Equivalent (40 hours per week)

The Team Leader is accountable to the Chief of Advocacy and Customer Services. The advocates and support members are accountable to the Team Leader.

Set of specific skills required for leadership and professional members of this team:

- Grass roots consumer organizing and support expertise.
- Consumer recruitment and organizing expertise.
- Community organizing.
- Group facilitation expertise.
- Training and development related expertise.

Education and experience require that leadership and professional members of this team have substantial substantive knowledge in the areas of mental health, developmental disabilities and/or substance abuse.

Expectations of all team members include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

**NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure
(10/1/03)**

4.6 Administrative Support

This group is responsible for providing Administrative Support and ensuring coordination with DHHS for the operations components of the Division, including State Operated Services, Community Policy Implementation and Management, Resource and Regulatory Coordination and Management, Advocacy and Customer Services and Administrative Support.

The membership of the Office of the Chief of Administrative Support is as follows:

Position	FTE
Chief of Administrative Support	1.0
Support	1.0
Total	2.0

FTE: Full Time Equivalent (40 hours per week)

The Chief of Administrative Support is accountable to the Director. The support member is accountable to the Chief.

Expectations of all members of the office include exemplary research, technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.6.1 Planning Team

This team is responsible for:

- Providing technical oversight and assistance in implementing the Strategic Plan.
- Providing technical oversight and assistance in implementing the State Plan.
- Providing technical planning assistance across the Division.
- Serve in the role of "Project Manager" for specific initiatives.

Specific initial and ongoing services/products/outcomes delivered by this team are as follows:

- **Strategic Plan:** Guide and coordinate the development, implementation and management of the Strategic Plan. This includes developing and managing reports related to the strategic plan.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

- **State Plan:** Guide and coordinate the development, implementation and management of the State Plan. This includes developing and managing reports related to the state plan.
- **Planning Support:** Provide a range of planning support (from brief consultation to plan management) for all Division planning endeavors.
- **Project Management:** Assume comprehensive responsibilities for managing special projects. This may include coordinating Division required reporting and grant applications, including monitoring and follow-up for product quality to include accuracy, relevance, format, completeness and timeliness. This also includes follow-through on special projects assigned by or through the Director.
- **Resource Development:** Guide and coordinate the development of grants and other proposals from governmental and non-governmental sources.

The membership of the Planning Team is as follows:

Position	FTE
Team Leader	1.0
Professional	4.0
Support	1.0
Total	6.0

FTE: Full Time Equivalent (40 hours per week)

The Team Leader is accountable to the Chief of Administrative Support. The professional and support team members are accountable to the Team Leader.

Sets of specific skills required for leadership and professional members of this team call for three types of members:

- Technical expertise in strategic planning.
- Technical expertise in general planning.
- Technical expertise in project management.
- Technical expertise in grantsmanship.

This is not to be interpreted as a single individual for each of the three areas of responsibility. Some responsibilities may require more than one team member, while others may be consolidated into a single team member position due to the compatibility of skill set requirements and limitations in time.

Expectations of all team members include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

4.6.2 Communication and Training

This team is responsible for:

- Increasing public awareness regarding the efforts of the Division (particularly as related to reform).
- Coordinating media relations for the Division develops and disseminates information and communications regarding Division activities (annual report, newsletters, brochures, etc.).
- Developing a comprehensive training plan for advancing Division member's competencies.
- Developing training opportunities necessary for carrying out reform efforts.
- Serving as the liaison to universities, community colleges and AHECs to facilitate training for the State Plan.
- Developing strategies to address workforce issues.

Specific initial and ongoing services/products/outcomes delivered by this team are as follows:

- **Public Communications:** Coordinate with Department and, as assigned by or through the Director, carry out media and public affairs/communications efforts.
- **Internal and Stakeholder Systems Communications:** Coordinate and carry out broad-based/wide audience Division communications.
- **Academic Systems Liaison:** Serve as the Divisions liaison with academic systems.
- **Human Resources Management:** Coordinate with Department in the human resources role for the Division, particularly as related to Division member development.

Consumers, family members and advocates will be included in active and meaningful roles as regarding ongoing functions of this team.

The membership of the Communication and Training Team is as follows:

Position	FTE
Team Leader	1.0
Professional	4.0
Support	2.0
Total	7.0

FTE: Full Time Equivalent (40 hours per week)

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

The Team Leader is accountable to the Chief of Administrative Support. The professional and support team members are accountable to the Team Leader.

Sets of specific skills required for leadership and professional members of this team call for six types of members:

- Expertise in public relations.
- Expertise in managing media relations.
- Expertise in communication methods.
- Technical expertise in developing training programs.
- Substantive expertise in educational systems.
- Expertise in public personnel management.

This is not to be interpreted as a single individual for each of the six areas of responsibility. Some responsibilities may require more than one team member, while others may be consolidated into a single team member position due to the compatibility of skill set requirements and limitations in time.

Expectations of all team members include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

4.6.3 Division Affairs

This team is responsible for:

- Advancing collaborative efforts among Divisions of the Department.
- Participating in and creating new partnerships to foster Reform.
- Coordinating the development of rules, policy and legislation.
- Managing and monitoring due process appeals functions.
- Staffing and supporting the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services
- Serving as the liaison for all commissions, advisory councils and planning groups associated with the Division.

Specific initial and ongoing services/products/outcomes delivered by this team are organized into the following categories:

- **Rule Making:** Coordinate rule making efforts with the Department.
- **Drafting Legislation:** Coordinate legislative drafting with the Department.
- **Legislative Liaison:** Coordinate with Department and, as assigned by or through the Director, serve as legislative liaison for the Division, including follow-through regarding concerns raised by legislators.
- **Direct Support:** Coordinate Division supports for the Commission for MHDDSAS and serve as Division liaison to the Commission.

NCDHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services: Organizational Structure (10/1/03)

- **External Stakeholder Liaison:** Serve as liaison for all commissions, advisory councils and planning groups associated with the Division including bringing other Division staff members into these groups as needed. This includes serving as the Director's substitute in formal collaborative groups, as needed.
- **Department Coordination:** Coordinate with the Department all cross-Division efforts with relevant components of the Division.
- **Due Process:** Develop, implement, manage and monitor Division programmatic *due process* functions including Medicaid and provider appeals.

The membership of the Division Affairs Team is as follows:

Position	FTE
Team Leader	1.0
Professional	5.0
Support	2.0
Total	7.0

FTE: Full Time Equivalent (40 hours per week)

The Team Leader is accountable to the Chief of Administrative Support. The professional and support team members are accountable to the Team Leader.

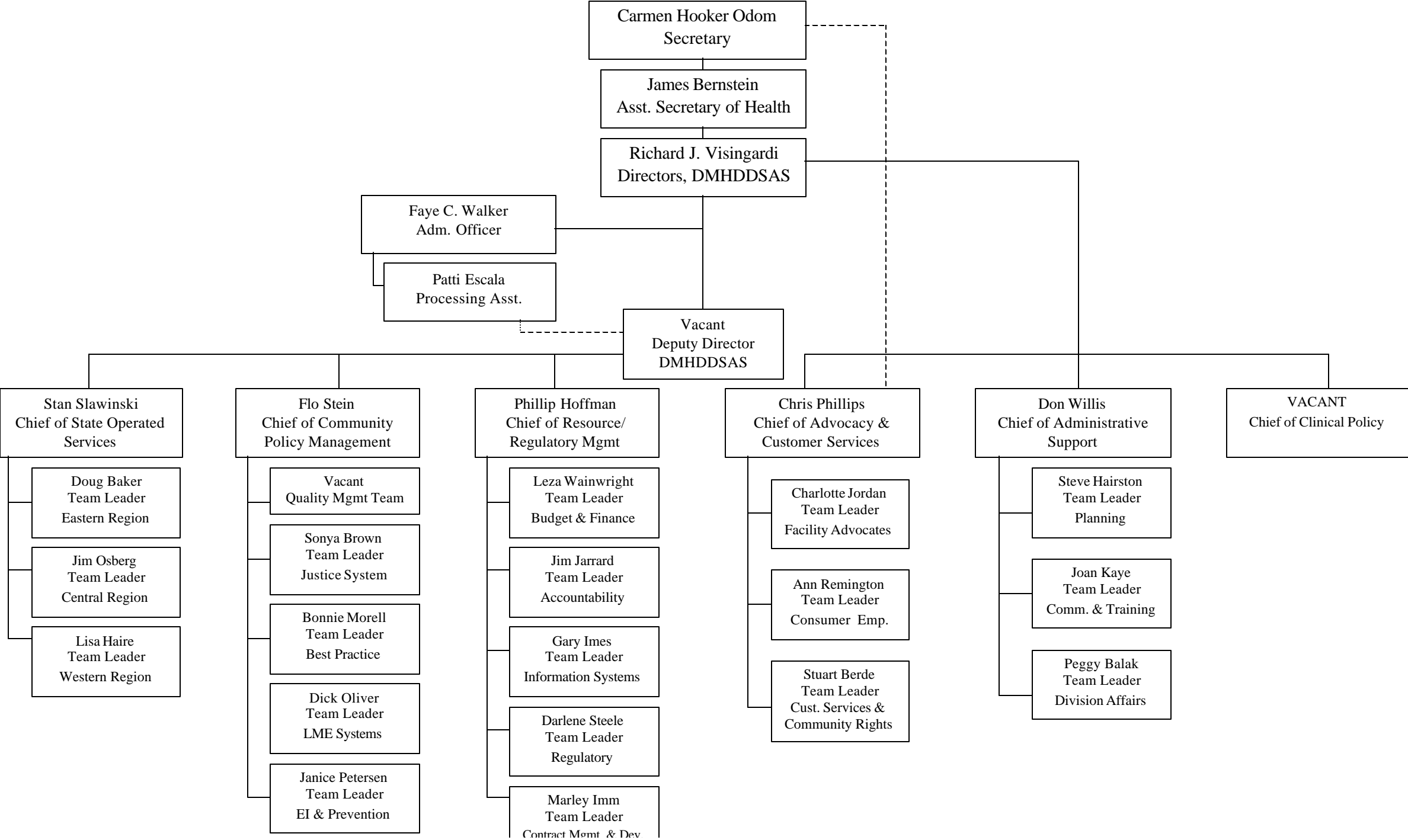
Sets of specific skills required for leadership and professional members of this team call for five types of members:

- Expertise in statutes and regulations (particularly state).
- Expertise in Medicaid regulations.
- Expertise in systems coordination efforts.
- Technical expertise in researching and developing drafting statutes and regulations.
- Expertise in legislative and constituent affairs.

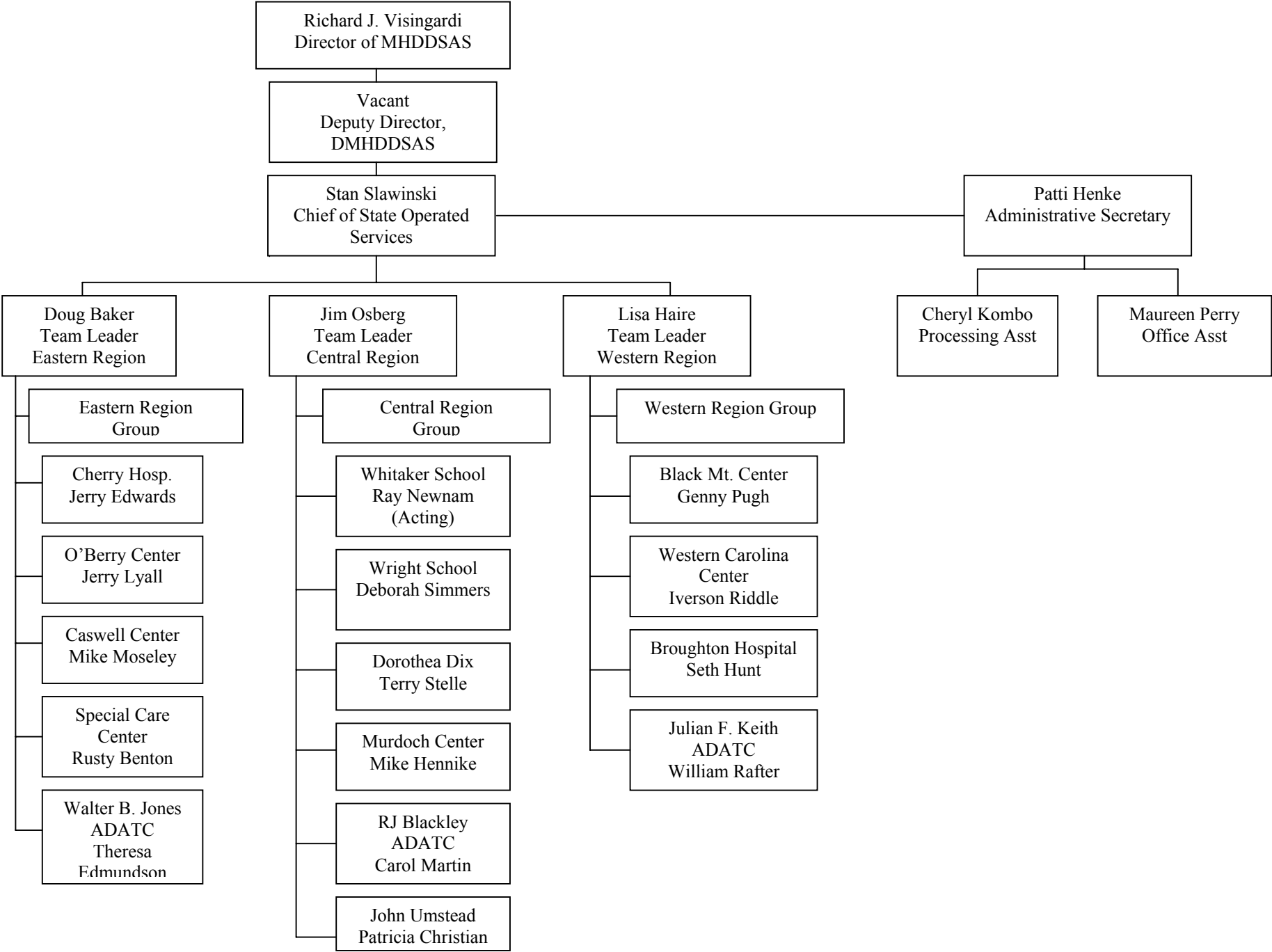
This is not to be interpreted as a single individual for each of the five areas of responsibility. Some responsibilities may require more than one team member, while others may be consolidated into a single team member position due to the compatibility of skill set requirements and limitations in time.

Expectations of all team members include exemplary technical writing, communication, training, software technical applications skills and interpersonal skills necessary for managing individual responsibilities in a team environment.

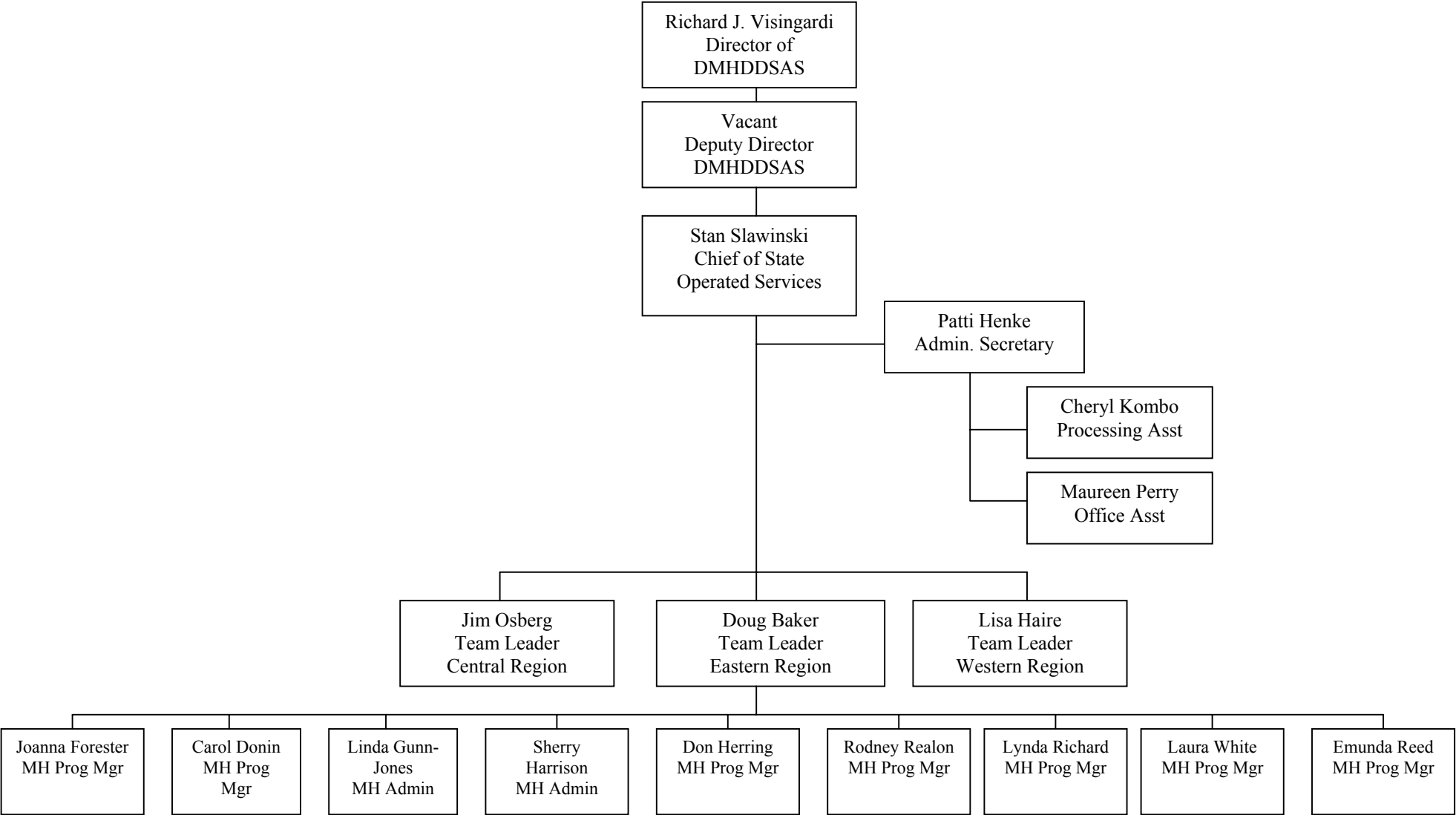
NCDHHS – DMHDDSAS: ORGANIZATIONAL STRUCTURE



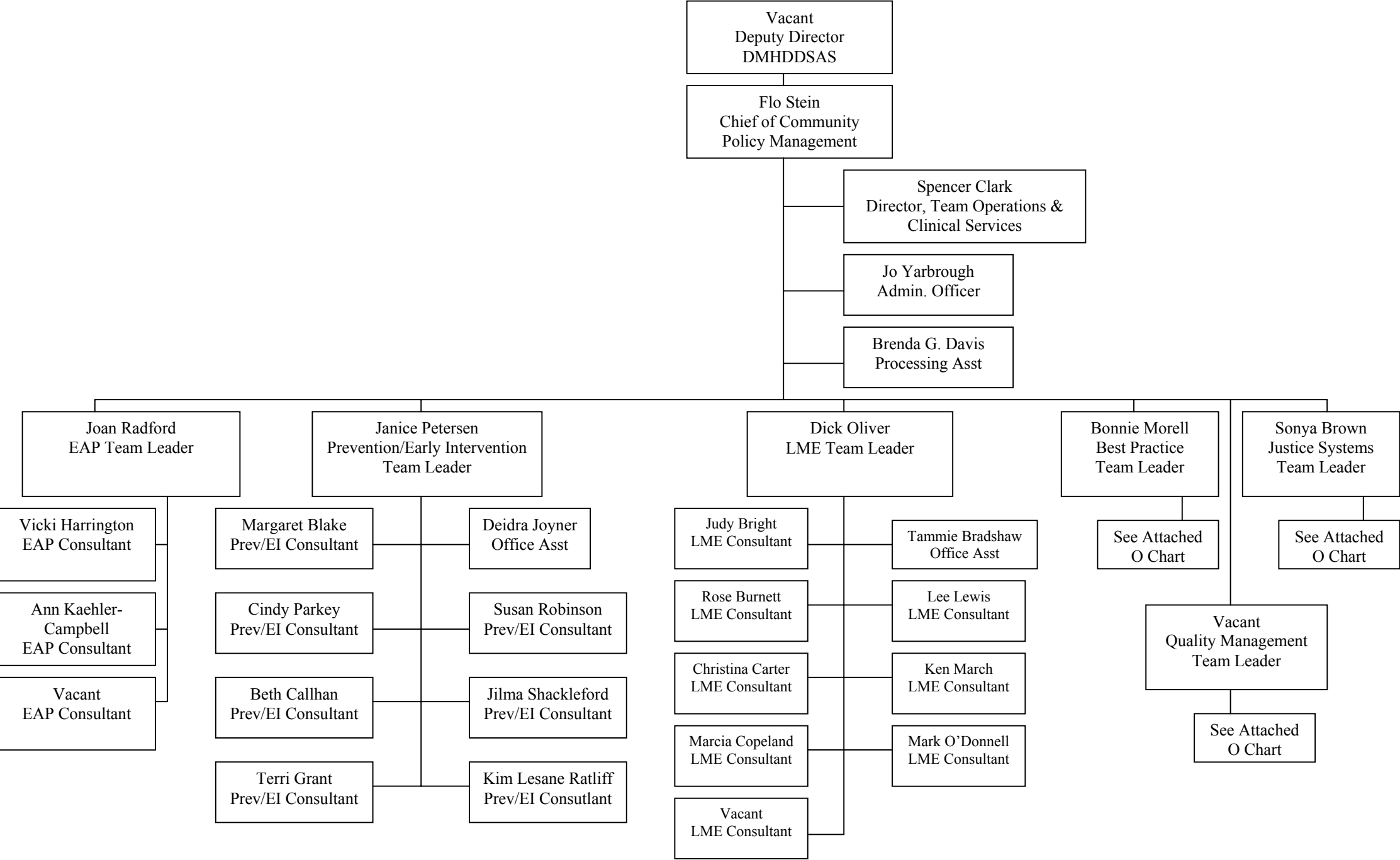
STATE OPERATED SERVICES



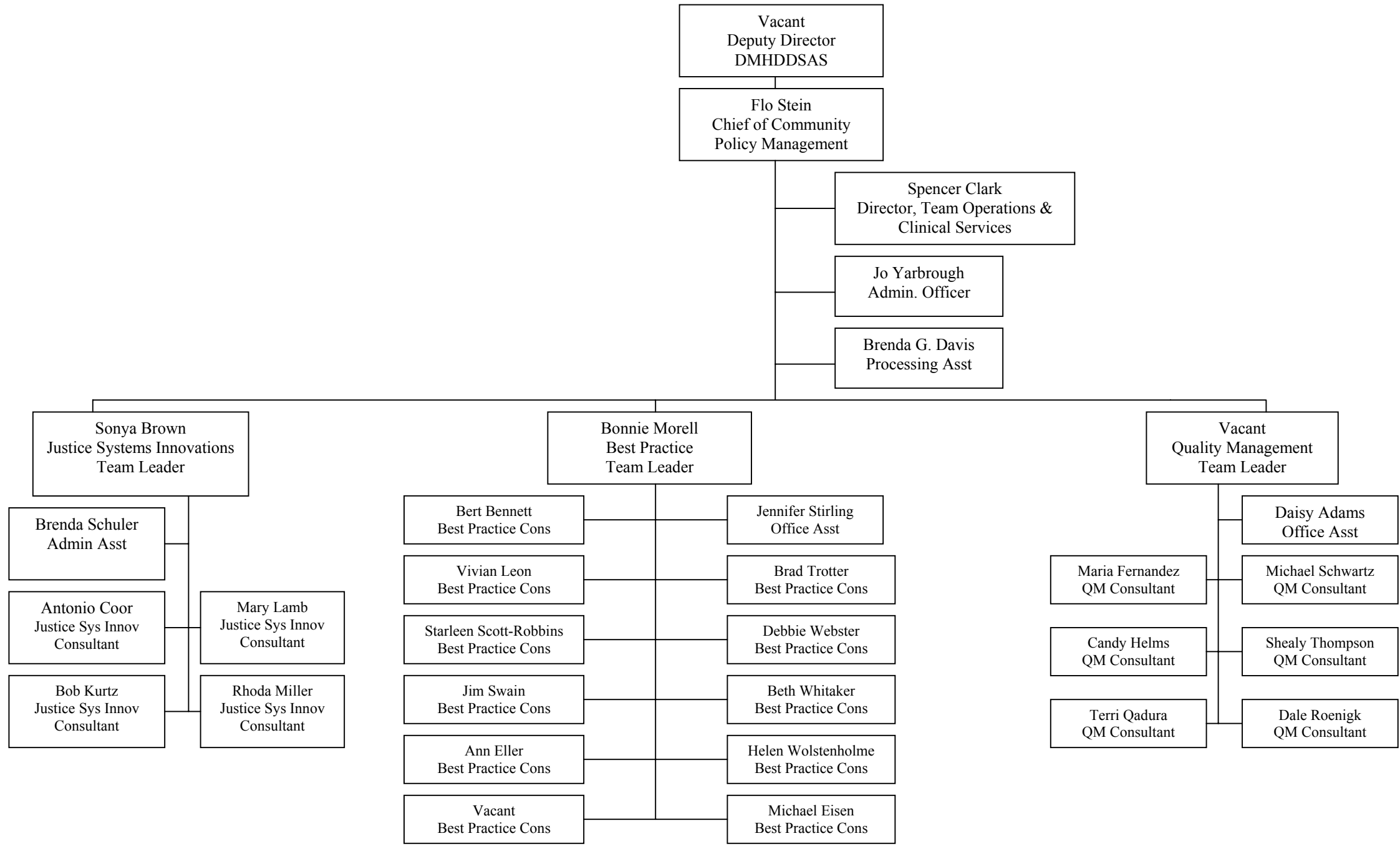
STATE OPERATED SERVICES



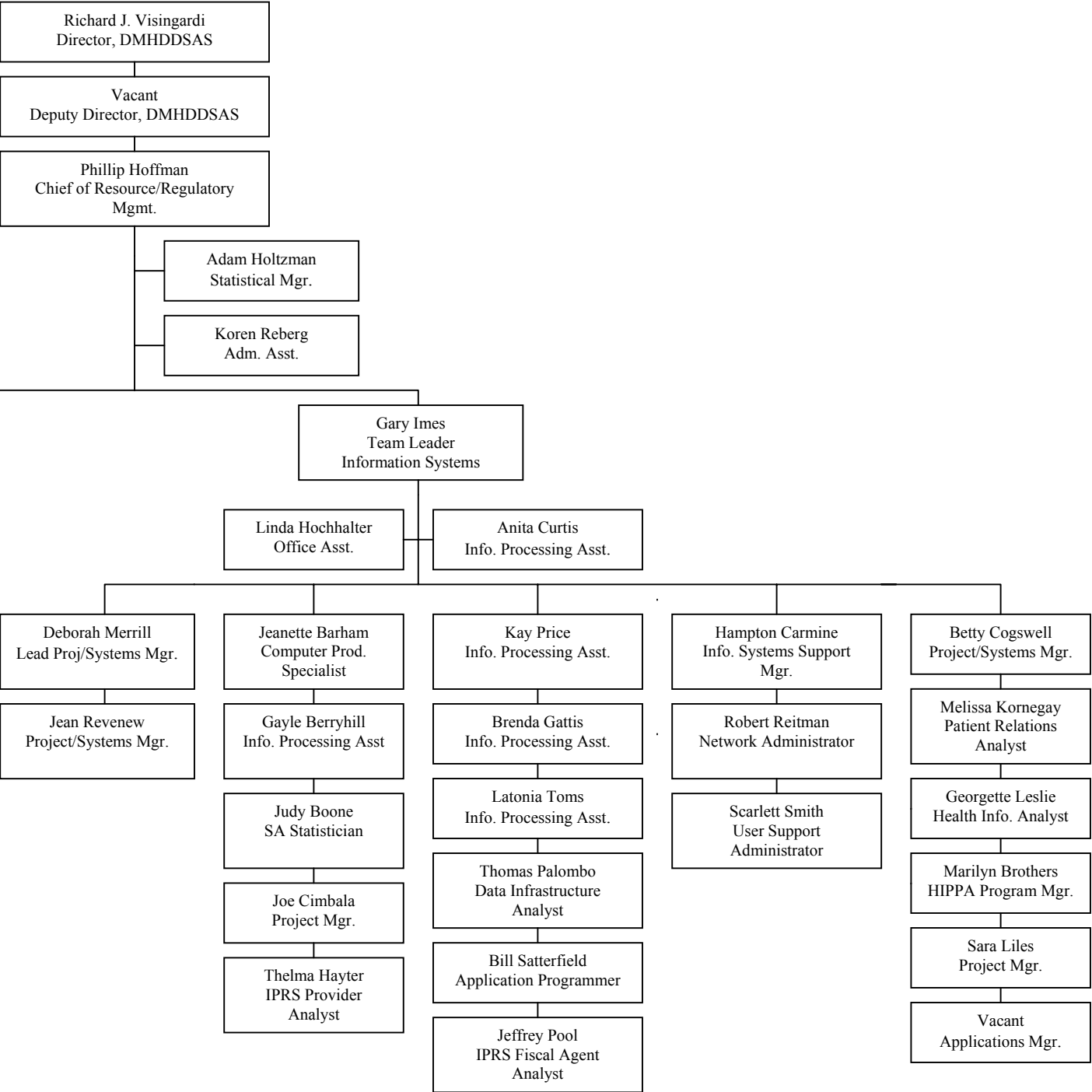
COMMUNITY POLICY MANAGEMENT



COMMUNITY POLICY MANAGEMENT



RESOURCE/REGULATORY MANAGEMENT



RESOURCE/REGULATORY MANAGEMENT

Richard J. Visingardi
Director, DMHDDSAS

Vacant
Deputy Director, DMHDDSAS

Phillip Hoffman
Chief of Resource/Regulatory
Mgmt.

Adam Holtzman
Statistical Mgr.

Koren Reberg
Adm. Asst.

James Jarrard
Team Leader
Accountability

Leza Wainwright
Team Leader
Budget & Finance

Marley Imm
Team Leader
Contract Mgmt.

Darlene Steele
Team Leader
Regulatory

Gary Imes
Team Leader
Information Systems

VACANT
Adm. Assistant

Adrina Jones
Adm. Assistant

Donna Owens
Adm. Assistant

VACANT
Adm. Assistant

Shaun Mizell
Adm. Assistant

VACANT
Administrative Asst.

See attached O-Chart

See attached O-Chart

Danine Adams
Budget Officer

Elizabeth Brown
Budget Officer

Pat Collins
Contract Mgr.

Deb Kovalycsik
Accountability Specialist

Maxine Terry
Accountability Specialist

Erma Blount
Accountability Specialist

Rick DeBell
Budget Officer

Charles Henderson
Budget Officer

John Evers
Contract Mgr.

Sandee Resnick
Accountability Specialist

Mary Tripp
Accountability Specialist

Lorene Brands
Accountability Specialist

Kristi Hickman
Budget Officer

Wanda Mitchell
Budget Officer

Lauren Beaujan
Purchasing Officer

Marvin Sanders
Accountability Specialist

Jerry Walton
Accountability Specialist

Steve Cherry
Accountability Specialist

Kent Woodson
Budget Officer

Carol Richards
Contracts Assistant

VACANT
Accountability Specialist

William Joyce
Accountability Specialist

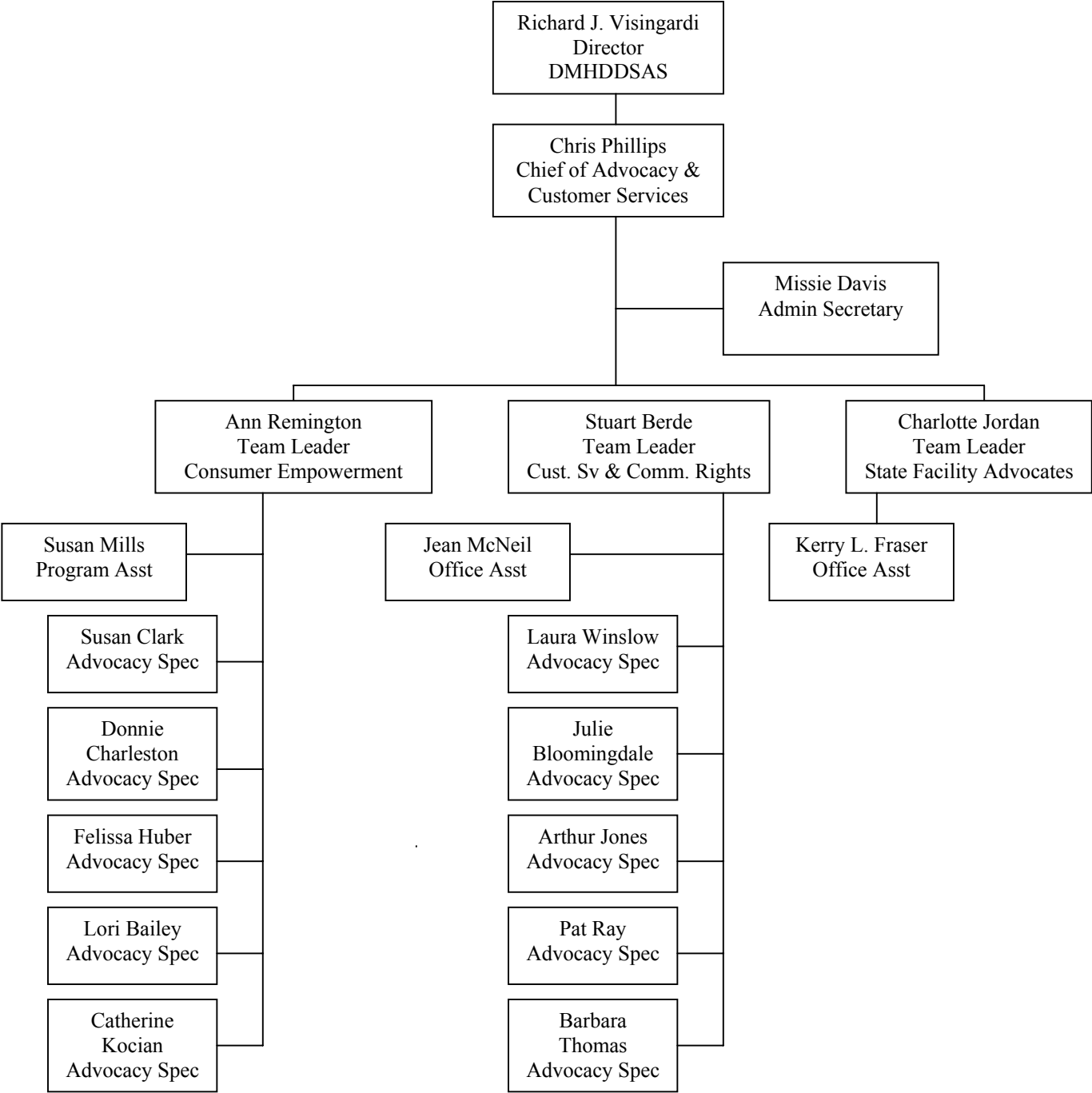
Patti French
Accountability Specialist

VACANT
Accountability Specialist

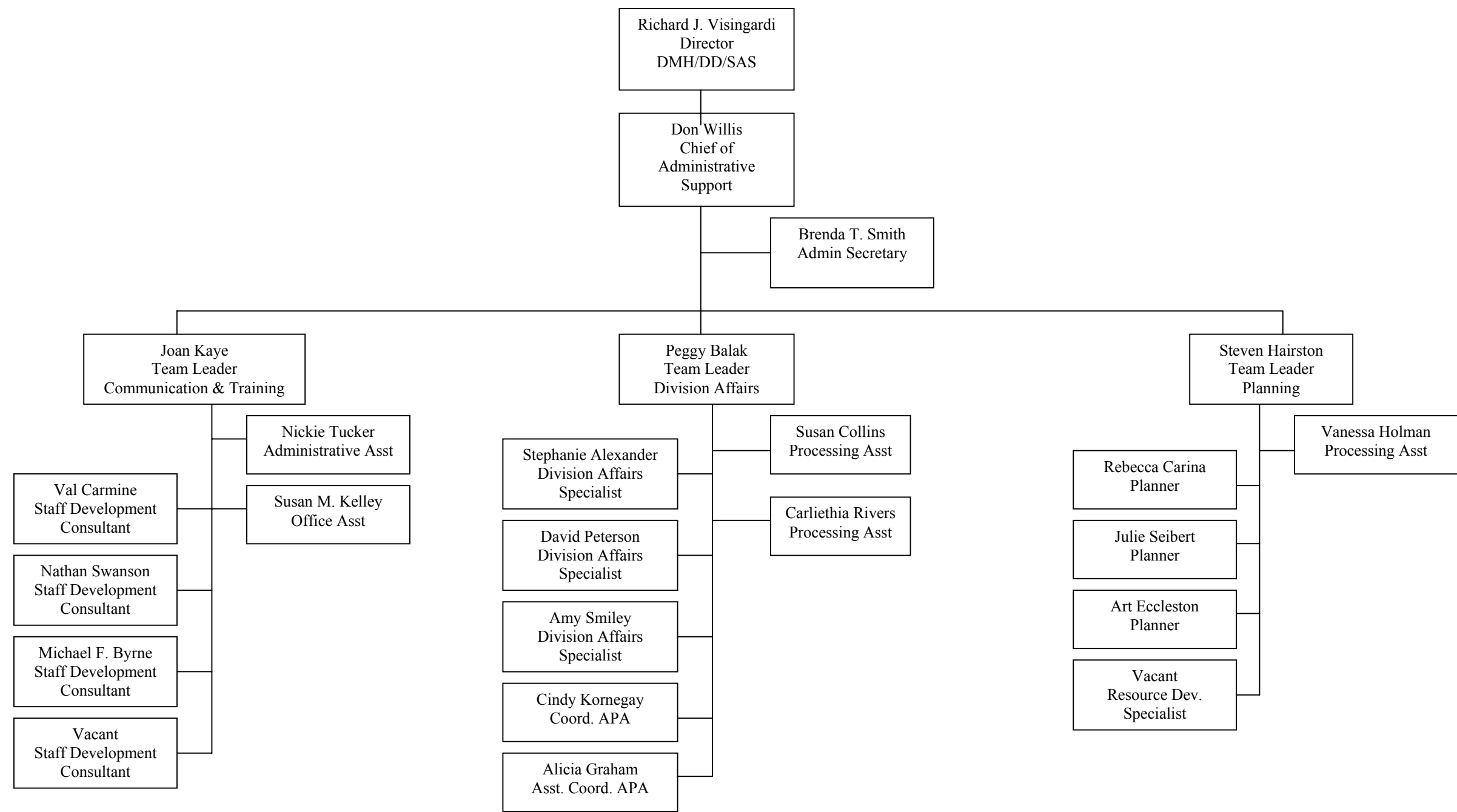
Bill Harris
Accountability Specialist

Jeffrey Howett
Accountability Specialist

ADVOCACY CUSTOMER SERVICES



ADMINISTRATIVE SUPPORT



DIVISION DIRECTORY

Section: Director's Office
Phone/FAX: (919) 733-7011 / (919) 733-1221
Mail Services Center: 3001

Staff Name	Phone Number	Team/Function
<u>Escala, Patti</u>	(919) 733-7011	Executive Assistant to Deputy Director
<u>Visingardi, Richard</u>	(919) 733-7011	Division Director
<u>Walker, Faye</u>	(919) 733-7011	Executive Assistant to Division Director

[Return to Main Listing](#)

DIVISION DIRECTORY

Section: State Operated Services
 Phone/FAX: (919) 733-3654 / (919) 715-3604
 Mail Services Center: 3006

Staff Name	Phone Number	Team/Function
<u>Baker, Doug</u>	(919) 733-3654	State Operated Services Team Leader
<u>Benton, Rusty</u>	(252) 399-2112	Director
<u>Christian, PhD, Patricia</u>	(919) 575-7229	Director
<u>Donin, Carol</u>	(919) 733-3654	State Operated Services
<u>Edmondson, Theresa</u>	(252) 830-3426	Director
<u>Edwards, Liston G.</u>	(919) 731-3204	Director
<u>Forester, Joanna</u>	(919) 733-3654	State Operated Services
<u>Gunn-Jones, Linda</u>	(919) 733-3654	State Operated Services
<u>Haire, Lisa</u>	(919) 733-3654	State Operated Services Team Leader
<u>Harrison, Sherry</u>	(919) 733-3654	State Operated Services
<u>Henke, Patti</u>	(919) 733-3654	Chief's Office Support
<u>Hennike, J. Michael</u>	(919) 575-1000	Director
<u>Herring, Don</u>	(919) 733-3654	State Operated Services
<u>Hunt, Seth</u>	(704) 433-2292	Director
<u>Kombo, Cheryl</u>	(919) 733-3654	State Operated Services Support
<u>Lyall, PhD, Jerry</u>	(919) 581-4000	Director
<u>Martin, Carol</u>	(919) 575-7928	Interim Unit Director
<u>Moseley, Mike</u>	(919) 559-5200	Director
<u>Newman, PhD, Ray</u>	(919) 575-7378	Acting Director
<u>Osberg, Jim</u>	(919) 733-3654	State Operated Services Team Leader
<u>Perry, Maureen</u>	(919) 733-3654	State Operated Services Support
<u>Pugh, Genevieve</u>	(828) 669-3177	Director
<u>Rafter, William</u>	(828) 669-3402	Director
<u>Realon, Rodney</u>	(919) 733-3654	State Operated Services
<u>Reed, Emunda</u>	(919) 733-3654	State Operated Services
<u>Richard, Lynda</u>	(919) 733-3654	State Operated Services
<u>Riddle, MD, J.Iverson.</u>	(838) 433-2711	Director
<u>Simmers, Deborah</u>	(919) 560-5790	Director
<u>Slawinski, Stan</u>	(919) 733-3654	Chief, State Operated Services
<u>Stelle, Walter</u>	(919) 733-5324	Director
<u>White, Laura</u>	(919) 733-3654	State Operated Services

[Return to Main Listing](#)

DIVISION DIRECTORY

Section: Community Policy Management
 Phone/FAX: (919) 733-4670 / (919) 733-4556
 Mail Services Center: 3007

Staff Name	Phone Number	Team/Function
<u>Adams, Daisy</u>	(919) 733-0696	Quality Management
<u>Bennett, Bert</u>	(919) 715-2774	Best Practice & Community Innovations
<u>Bradshaw, Tammie</u>	(919) 715-1294	LME Systems Performance Support
<u>Brake, Margaret</u>	(919) 715-5989	Early Intervention & Prevention
<u>Bright, Judy</u>	(919) 715-1294	LME Systems Performance
<u>Brown, Sonya</u>	(919) 733-0566	Justice Systems Innovations Team Leader
<u>Burnette, Rose</u>	(252) 355-9032	LME Systems Performance
<u>Callahan, Beth</u>	(919) 715-5989	Early Intervention & Prevention
<u>Carter, Christina</u>	(828) 669-3281	LME Systems Performance
<u>Clark, Spencer</u>	(919) 733-4670	Assistant Chief
<u>Coor, Antonio</u>	(910) 484-1709	Justice Systems Innovations
<u>Davis, Brenda G.</u>	(919) 733-4670	Chief's Office Support
<u>Eisen, Michael</u>	(919) 733-0566	Justice Systems Innovations
<u>Eller, Ann</u>	(919) 715-2774	Best Practice & Community Innovations
<u>Fernandez, Maria</u>	(919) 733-0696	Quality Management
<u>Grant, Terri</u>	(919) 715-5989	Early Intervention & Prevention
<u>Harrington, Vicki</u>	(800) 451-6324	Employee Assistance Program Consultant
<u>Helms, Candy</u>	(919) 733-0696	Quality Management
<u>Joyner, Deidra</u>	(919) 715-5989	Early Intervention & Prevention Support
<u>Kaehler-Campbell, Ann</u>	(828) 669-3226	Employee Assistance Program Consultant
<u>Kurtz, Bob</u>	(919) 733-0566	Justice Systems Innovations
<u>Lamb, Marty</u>	(919) 733-0566	Justice Systems Innovations
<u>Leon, Vivian</u>	(919) 715-2774	Best Practice & Community Innovations
<u>Lesane, Kimberly</u>	(919) 715-5989	Early Intervention & Prevention
<u>Lewis, Lee</u>	(919) 715-1294	LME Systems Performance
<u>Marsh, Ken</u>	(919) 715-1294	LME Systems Performance
<u>McNeil, Kathy</u>	(919) 733-0696	Quality Management
<u>Miller, Rhoda</u>	(919) 733-0566	Justice Systems Innovations
<u>Molli, Karen</u>	(888) 774-7926	Employee Assistance Program Consultant
<u>Morell, Bonnie</u>	(919) 715-2774	Best Practice & Community Innovations Team Leader
<u>O'Donnell, Mark</u>	(919) 715-1294	LME Systems Performance

<u>Oliver, Dick</u>	(919) 715-1294	LME Systems Performance Team Leader
<u>Parkey, Cindy</u>	(919) 715-5989	Early Intervention & Prevention
<u>Petersen, Janice</u>	(919) 715-5989	Early Intervention & Prevention Team Leader
<u>Qadura, Terrie</u>	(919) 733-0696	Quality Management
<u>Radford, Joan</u>	(252) 450-6949	Employee Assistance Program Director
<u>Reynolds, Jason</u>	(919) 733-0566	Justice Systems Innovations
<u>Robinson, Susan</u>	(919) 715-5989	Early Intervention & Prevention
<u>Roenigk, Dale</u>	(919) 733-0696	Quality Management
<u>Schuler, Brenda</u>	(919) 733-0566	Justice Systems Innovations Support
<u>Schwartz, Michael</u>	(919) 733-0696	Quality Management
<u>Scott-Robbins, Starleen</u>	(919) 715-2774	Best Practice & Community Innovations
<u>Shackleford, Jilma</u>	(919) 715-5989	Early Intervention & Prevention
<u>Stein, Flo</u>	(919) 733-4670	Chief, Community Policy Management
<u>Stirling, Jennifer</u>	(919) 715-2774	Best Practice & Community Innovations Support
<u>Swain, Jim</u>	(919) 715-2774	Best Practice & Community Innovations
<u>Thompson, Shealy</u>	(919) 733-0696	Quality Management
<u>Trotter, Brad</u>	(919) 715-1233	Best Practice & Community Innovations - TTY#
<u>Webster, Debbie</u>	(919) 715-2774	Best Practice & Community Innovations
<u>Whitaker, Beth</u>	(828) 438-6515	Best Practice & Community Innovations
<u>Wolstenholme, Helen</u>	(919) 715-2774	Best Practice & Community Innovations
<u>Yarbrough, Jo</u>	(919) 733-4670	Chief's Office - Administrative Officer

[Return to Main Listing](#)

DIVISION DIRECTORY

Section: Resource/Regulatory Management
Phone/FAX: (919) 715-7774 / (919) 508-0954
Mail Services Center: 3010

Staff Name	Phone Number	Team/Function
<u>Adams, Danine</u>	(919) 733-7013	Budget & Finance
<u>Barham, Jeanette</u>	(919) 733-4460	Information Systems - Systems Operations
<u>Bartle, Elizabeth</u>	(919) 420-7934	Regulatory
<u>Beaujan, Lauren</u>	(919) 715-7922	Contracts Management Support
<u>Berryhill, Gayle</u>	(919) 733-4460	Information Systems Support - Systems Operations
<u>Blount, Erma</u>	(919) 881-2446	Accountability
<u>Boone, Judy</u>	(919) 733-4460	Information Systems - Systems Operations
<u>Brands, Lorene (Pett) T.</u>	(704) 567-4779	Accountability
<u>Brothers, Marilyn</u>	(919) 733-4460	Information Systems - HIPAA
<u>Brown, Elizabeth</u>	(919) 733-7013	Budget & Finance
<u>Carmine, Hampton</u>	(919) 733-7260	Information Systems - Network Services
<u>Cherry, Steve</u>	(919) 881-2446	Accountability
<u>Cimbala, Joe</u>	(919) 733-4460	Information Systems - Systems Operations
<u>Cogswell, Betty</u>	(919) 255-3718	Information Systems - HEARTS
<u>Collins, Pat</u>	(919) 715-7922	Contract Management
<u>Cummings, Judy</u>	(919) 420-7934	Regulatory Support
<u>Curtis, Anita</u>	(919) 733-4460	Information Systems Support - Systems Operations
<u>Davis Price, Kay</u>	(919) 733-4460	Information Systems Support - Systems Operations
<u>DeBell, Rick</u>	(919) 733-7013	Budget & Finance
<u>Evers, John</u>	(919) 715-7922	Contracts Officer
<u>French, Patti</u>	(919) 881-2446	Accountability
<u>Gattis, Brenda</u>	(919) 733-4460	Information Systems Support - Systems Operations
<u>Godette, Marilyn</u>	(919) 420-7934	Regulatory
<u>Godwin, Morris</u>	(919) 420-7934	Regulatory
<u>Harris, Arthur</u>	(919) 420-7934	Regulatory
<u>Harris, Bill</u>	(919) 881-2446	Accountability
<u>Henderson, Charles</u>	(919) 733-7013	Budget & Finance
<u>Hickman, Kristi</u>	(919) 733-7013	Budget & Finance
<u>Hochhalter, Linda</u>	(919) 715-7774	Information Systems Support

<u>Hocutt, Albie</u>	(919) 715-7922	Contract Management Support
<u>Hoffman, Phillip</u>	(919) 715-7774	Chief, Resource/Regulatory Management
<u>Holtzman, Adam</u>	(919) 715-7774	Chief's Office
<u>Howett, Jeffrey</u>	(252) 526-7226	Accountability
<u>Imes, Gary</u>	(919) 715-7774	Information Systems Team Leader
<u>Imm, Marley</u>	(919) 715-7922	Contract Management & Development Team Leader
<u>Jarrard, James</u>	(919) 881-2446	Accountability Team Leader
<u>Jones, Adrina</u>	(919) 881-2446	Accountability Support
<u>Joyce, William</u>	(919) 881-2446	Accountability
<u>Kelly, Mike</u>	(919) 420-7934	Regulatory
<u>Kornegay, Melissa</u>	(919) 255-3750	Information Systems -HEARTS
<u>Kovalycsik, Deborah</u>	(919) 881-2446	Accountability
<u>Lakhani, Al</u>	(919) 733-4460	HIPAA Analyst
<u>Lesslie, Georgette</u>	(919) 255-3757	Information Systems-HEARTS
<u>Liles, Sara</u>	(919) 715-7774	Information Systems
<u>McManus, Johnnie</u>	(919) 420-7934	Regulatory
<u>Merrill, Deborah</u>	(919) 715-7774	Information Systems
<u>Mitchell, Wanda</u>	(919) 733-7013	Budget & Finance
<u>Mizell, Shaun</u>	(919) 733-7013	Budget & Finance Support
<u>Owens, Donna</u>	(919) 881-2446	Accountability Support
<u>Palombo, Thomas</u>	(919) 733-4460	Information Systems - Systems Operations
<u>Peacock, Gerald</u>	(919) 420-7934	Regulatory
<u>Reberg, Koren</u>	(919) 715-7774	Chief's Office Support
<u>Reitmann, Robert</u>	(919) 733-7260	Information Systems - Network Services
<u>Resnick, Sandee</u>	(910) 395-4553	Accountability
<u>Revenew, Jean</u>	(919) 715-7774	Information Systems
<u>Richards, Carol</u>	(919) 715-7922	Contracts Management Support
<u>Rowe, Jack</u>	(919) 420-7934	Regulatory
<u>Sanders, Marvin</u>	(704) 567-4779	Accountability
<u>Satterfield, Bill</u>	(919) 733-4460	Information Systems - Systems Operations
<u>Smith, Scarlett</u>	(919) 733-7260	Information Systems - Network Services
<u>Smith, Thomas</u>	(919) 420-7934	Regulatory
<u>Steele, Darlene</u>	(919) 420-7934	Regulatory Team Leader
<u>Sullivan, John</u>	(919) 420-7934	Regulatory
<u>Talbert, Nancy</u>	(919) 420-7934	Regulatory
<u>Terry, Maxine</u>	(919) 881-2446	Accountability
<u>Thomas, Patricia</u>	(919) 733-7260	Clerical Assistant - Network Services
<u>Toms, Latonia</u>	(919) 733-4460	Information Systems Support - Systems Operations
<u>Tripp, Mary</u>	(919) 881-2446	Accountability
<u>Wagner, Carolyn</u>	(919) 420-7934	Regulatory Support

<u>Wainwright, Leza</u>	(919) 733-7013	Budget & Finance Team Leader
<u>Walton, Jerry</u>	(919) 881-2446	Accountability
<u>Wheeler, John</u>	(336) 761-2375	Regulatory
<u>Womble, Johnny</u>	(919) 420-7934	Regulatory
<u>Woodson, Kent</u>	(919) 733-7013	Budget & Finance

[Return to Main Listing](#)

DIVISION DIRECTORY

Section: Advocacy & Customer Services
Phone/FAX: (919) 715-3197 / (919) 733-4962
Mail Services Center: 3009

Staff Name	Phone Number	Team/Function
<u>Bailey, Lori</u>	(828) 232-4996	Consumer Empowerment
<u>Berde, Stuart</u>	(919) 715-3197	Customer Services & Community Rights Team Leader
<u>Bloomington, Julie</u>	(919) 715-3197	Customer Services & Community Rights
<u>Charleston, Donnie</u>	(919) 715-3197	Consumer Empowerment
<u>Clark, Susan</u>	(919) 715-3197	Customer Empowerment
<u>Davis, Missie</u>	(919) 715-3197	Chief's Office Support
<u>Fraser, Kerry Lynn</u>	(919) 715-3197	State Facility Advocates Support
<u>Huber, Felissa</u>	(336) 256-2085	Consumer Empowerment
<u>Jones, Arthur</u>	(919) 715-3197	Customer Services & Community Rights
<u>Jordan, Charlotte</u>	(919) 715-3197	State Facility Advocates Team Leader
<u>Kocian, Catherine</u>	(704) 568-8804	Consumer Empowerment
<u>McNeill, Jean</u>	(919) 715-3197	Customer Services & Community Rights Support
<u>Mills, Susan</u>	(919) 715-3197	Customer Empowerment Support
<u>Phillips, Chris</u>	(919) 715-3197	Chief, Advocacy and Customer Services
<u>Ray, Pat</u>	(919) 715-3197	Customer Services & Community Rights
<u>Remington, Ann</u>	(919) 715-3197	Consumer Empowerment Team Leader
<u>Thomas, Barbara</u>	(919) 715-3197	Customer Services & Community Rights
<u>Winslow, Laura</u>	(919) 715-3197	Customer Services & Community Rights

[Return to Main Listing](#)

DIVISION DIRECTORY

Section: Administrative Support
Phone/FAX: (919) 733-7011 / (919) 733-9455
Mail Services Center: 3014

Staff Name	Phone Number	Team/Function
<u>Alexander, Stephanie</u>	(919) 733-7011	Division Affairs
<u>Balak, Peggy</u>	(919) 733-7011	Division Affairs Team Leader
<u>Byrne, Michael</u>	(919) 733-7011	Communications & Training
<u>Carina, Rebecca</u>	(919) 733-7011	Planning
<u>Carmine, Val</u>	(919) 733-7011	Communications & Training
<u>Collins, Susan</u>	(919) 733-7011	Division Affairs Support
<u>Eccleston, Art</u>	(919) 733-7011	Planning
<u>Graham, Alicia</u>	(919) 733-7011	Division Affairs
<u>Hairston, Steve</u>	(919) 733-7011	Planning Team Leader
<u>Holman, Vanessa</u>	(919) 733-7011	Planning Support
<u>Kaye, Joan</u>	(919) 733-7011	Communications & Training Team Leader
<u>Kelley, Susan M.</u>	(919) 733-7011	Communications & Training Support
<u>Kornegay, Cindy</u>	(919) 733-7011	Division Affairs
<u>Peterson, David</u>	(919) 733-7011	Division Affairs
<u>Rivers, Carliethia</u>	(919) 733-7011	Division Affairs Support
<u>Seibert, Julie</u>	(919) 733-7011	Planning
<u>Smiley, Amy</u>	(919) 733-7011	Division Affairs
<u>Smith, Brenda T.</u>	(919) 733-7011	Chief's Office Support
<u>Swanson, Nathan</u>	(919) 733-7011	Communications & Training
<u>Tucker, Nickie</u>	(919) 733-7011	Communications & Training Support
<u>Willis, Don</u>	(919) 733-7011	Chief, Administrative Support

[Return to Main Listing](#)

DIVISION DIRECTORY

To mail items to Division offices located in Raleigh, use the following format:
NC Division of MH/DD/SAS, Section/Branch name
(4-digit MSC number) Mail Service Center
Raleigh, NC 27699-(4-digit MSC number)
Attn: (name of person you are mailing)

Most e-mail addresses follow this format: firstname.lastname@ncmail.net

Alphabetical Employee Listing

Full Alphabetical Listing

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Employee Listing by Section/Branch

Section / Team	Phone Number	FAX Number	MSC #
<u>Advocacy & Customer Services</u>	(919) 715-3197	(919) 733-4962	3009
<u>State Facility Advocates - Suite 1156-1</u>	(919) 715-3197	(919) 733-4962	3009
<u>Customer Empowerment - Suite 1156-1</u>	(919) 715-3197	(919) 733-4962	3009
<u>Chief's Office - Suite 1156-1</u>	(919) 715-3197	(919) 733-4962	3009
<u>Customer Services & Community Rights - Suite 1156-1</u>	(919) 715-3197	(919) 733-4962	3009
<u>Administrative Support</u>	(919) 733-7011	(919) 733-9455	3014
<u>Chief's Office - Suite 1111</u>	(919) 733-7011	(919) 733-1221	3014
<u>Communications & Training - Suite 1168</u>	(919) 733-7011	(919) 733-9455	3022
<u>Division Affairs - Suite 1168</u>	(919) 733-7011	(919) 733-9455	3018
<u>Planning - Suite 1168</u>	(919) 733-7011	(919) 733-9455	3003
<u>Community Policy Management</u>	(919) 733-4670	(919) 733-4556	3007
<u>Best Practice & Community Innovations - Suites 612 & 622</u>	(919) 715-2774	(919) 715-2778	3005
<u>Chief's Office - Suite 679</u>	(919) 733-4670	(919) 733-4556	3007
<u>Employee Assistance Program - Suite 679</u>	(919) 733-4670	(919) 733-4556	3007
<u>Justice Systems Innovations - Suite 628</u>	(919) 733-0566	(919) 733-4665	3008
<u>LME Systems Performance - Suite 688</u>	(919) 715-1294	(919) 715-1232	3015
<u>Early Intervention & Prevention - Jones Street</u>	(919) 715-5989	(919) 715-2360	3021
<u>Quality Management - Suite 634</u>	(919) 733-0696	(919) 715-2772	3004
<u>Director's Office</u>	(919) 733-7011	(919) 733-1221	3001

Human Resources

(919) 733-4416 (919) 733-7933 3017

Resource/Regulatory Management

(919) 715-7774 (919) 508-0954 3010

Accountability - Barrett Drive

(919) 881-2446 (919) 881-2451 3012

Budget & Finance - Suite 1124

(919) 733-7013 (919) 508-0954 3013

Chief's Office - Suite 1156-4

(919) 715-7774 (919) 508-0954 3010

Contract Management & Development - Suite 1129

(919) 715-7922 (919) 508-0956 3020

Information Systems - HIPAA

(919) 733-4460 (919) 508-0950 3019

Information Systems - Suite 1156-4

(919) 715-7774 (919) 508-0950 3019

Info Systems - HEARTS

(919) 255-3718 (919) 212-3291 2438

Info Systems - Network Services - Suite 566

(919) 733-7260 (919) 508-0950 3019

Info Systems - Systems Operations - Suite 523

(919) 733-4460 (919) 508-0950 3019

Regulatory - Barrett Drive

(919) 420-7934 (919) 420-7935 3016

State Operated Services

(919) 733-3654 (919) 715-3604 3006

Chief's State Office - Suites 657, 656 & 665

(919) 733-3654 (919) 715-3604 3006

Black Mountain MR Center

(828) 669-3101 (828) 669-3177 ----

Broughton Psychiatric Hospital

(704) 433-2324 (704) 433-2292 ----

Butner ADATC

(919) 575-7928 (919) 575-7260 ----

Caswell MR Center

(252) 208-4000 (252) 208-4238 ----

Cherry Psychiatric Hospital

(919) 731-3204 (919) 731-3785 ----

Dorothea Dix Psychiatric Hospital

(919) 733-5324 (919) 715-0707 ----

Eastern Area Treatment Center

(252) 399-2112 (252) 399-2138 ----

J F Keith ADATC

(828) 669-3402 (828) 669-3451 ----

John Umstead Psychiatric Hospital

(919) 575-7229 (919) 575-7643 ----

Murdoch MR Center

(919) 575-1000 (919) 575-1007 ----

O'Berry MR Center

(919) 731-3545 (919) 731-3584 ----

NC Special Care Center

(252) 399-2112 (252) 399-2138 ----

Western Carolina MR Center

(828) 433-2711 (828) 433-2799 ----

Whitaker School

(919) 575-7378 (919) 575-7895 ----

Walter B Jones ADATC

(252) 830-3426 (252) 830-8585 ----

Wright School

(919) 560-5790 (919) 560-5795 ----